Lumleian Lectures
ON
THE TONGUE AS AN INDICATION OF DISEASE.

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BY W. HOWSHIP DICKINSON, M.D., F.R.C.P.,
HONORARY FELLOW OF CAIUS COLLEGE, CAMBRIDGE; SENIOR PHYSICIAN TO ST. GEORGE'S HOSPITAL; CONSULTING PHYSICIAN TO THE HOSPITAL FOR SICK CHILDREN.

LECTURE III.

Dryness.

MR. PRESIDENT AND GENTLEMEN,—I now come to the consideration of dryness of the tongue and its causes. A glance at the annexed table will suffice to show how largely this depends on constitutional and how little on local circumstances.

Concomitants of dryness of the Tongue.	Cases.
Tongue dry, irrespective of other qualities ...	113
Pyrexia (temperature 102° or over)	37
Temperature not above normal	39
Discharge by simple diarrhœa or dysentery ...	6
Discharge, diarrhœal or other, connected with lardaceous disease	2
Diarrhœa in connexion with other forms of organic disease—phthisis, cirrhosis, &c. ...	9
Chyluria	1
Discharge by suppuration	8
Serous discharge by frequent tapping of pleura	1
Diabetes (including 3 of diabetic coma) ...	8
Dry diet	6
Coma or unconsciousness, with general openness of mouth	14
Openness of mouth from obstruction of nose, tonsillitis, or other causes unconnected with coma	6 (?)
Great prostration or exhaustion	51
Cases ending fatally	56

The old physicians recognised dryness of the tongue as of evil omen. Hippocrates, who very seldom takes notice of the tongue, refers more than once to dryness of it as a bad sign. The great Willis speaks of the dry tongue in certain cases of fever, and refers it to constitutional causes as expressed in the fanciful language of his time. "The nervous juice," he says, "is thoroughly roasted by a long concoction, and so becomes almost like glue, thick; wherefore, not being able to be dispersed neither by spittle nor by insensible transpiration, nor to be separated by the urinary passages, at length leisurely runs out by the passages of the spittle, and forthwith by reason of its thickness grows into that glueiness." I think most physicians at the present time regard the dry tongue as a constitutional symptom, and as a bad one, notwithstanding that there are some who have sought to refer it rather to local conditions than to the system at large. My cases, collected without special selection, show with the dry tongue, be its origin what it may, a startling mortality—one of almost exactly 50 per cent. Of 113 patients with dry tongues, fifty-six died.

I will now come to the causes in detail. The immediate causes are two: increased evaporation from the mouth; diminished secretion into it.

1. Increased evaporation may be due to exposure of the mouth by persistent openness: as when the nose is obstructed, and when coma exists; or to increased heat of body, and as a consequence of expired air. Further, there is a double relation between dryness and bareness: dryness has been seen to cause bareness; but must not bareness at least help to cause dryness? Epithelium is conservative of moisture, as may be witnessed in any dissecting-room; wherever the surface of the skin has been rubbed off the deeper part dries and cornifies. Thus if by chance the upper epithelium of the tongue should be lost, the deeper investments must be more amenable to evaporation and desiccation.

2. Diminished secretion may be either of the salivary or the mucous glands; but the moisture of the tongue depends more upon the salivary secretion, which is abundant and watery, than upon the mucus, which is scanty and thick.

From the immediate conditions which determine dryness of the tongue I now approach the more complicated morbid circumstances which lie behind them. First, I will take conditions which entail persistent openness of the mouth, and so increased evaporation. Secondly, states of pyrexia, of which the bearing is more complex, but which involve increased evaporation from the tongue by reason of the heat of the expired air, and also general dehydration and consequent diminution of saliva from the generally increased evaporation which the heat of the whole body entails. Thirdly, profuse discharges which consist largely of water, by which the body is dehydrated and the salivary glands in particular stinted of their proper material. Fourthly, conditions of prostration or exhaustion, which states are adequate in themselves to suppress the saliva and dry the tongue, though often they are assisted by other causes, more especially discharges and pyrexia.

Habitual openness of the mouth.—Much importance, I think I can show too much, has been attached to this either as occurring during sleep, or from obstruction of the nasal passages, or from coma. If the tongue be persistently and generally dry, I believe that other causes are always at work. I have known the tongue to remain perfectly moist while the nostrils were, and had been for some days, plugged for epistaxis. On the other hand, it is common to find a path of dryness down the centre of the tongue, corresponding to the exposure to breath in tonsillitis and other throat affections. With regard to the chronic enlarged tonsils of childhood, when the child sleeps with the mouth open, I am assured by my colleague Mr. Bennett, who has removed many of these, and always does it early in the morning, that on waking the tongue is usually dry, but afterwards soon becomes moist. Certainly such tongues are usually moist when they come under my notice. If the tongue is persistently dry from enlarged tonsils, I think the affection is usually inflammatory, so that causes other than exposure assist. In the earlier part of this inquiry it was my rule to examine into the course of the breath whenever I found the tongue to be dry; but the conviction was forced upon me that the state was generally due to other than mechanical causes, and I ceased to look for this one with the attention I had before given to it. My figures are therefore less reliable than the general impression which I record. In the great proportion of cases where the mouth is habitually open, it is either from coma or some illness which interferes with full and alert consciousness; the relaxed jaw and gaping mouth are but signs of ebbing vitality, of which the failure of secretion is also a part. I have sometimes ascertained by catheterisation, what was obvious without, that the tongue in such cases is dry, not because normally abundant saliva has dried upon it, but because the secretion has been wanting. In cases where the tongue is dry and the mouth open, other circumstances generally concur in causing the condition: as in a case of tonsillitis with a temperature of 103°; one of acute rheumatism with a temperature of 101·5°; one of suppression of urine with profuse diarrhœa; and I might add others. But I need not dwell further upon a cause of dryness which, though it has a place, has not an important one; nor does it obscure to any considerable extent the great constitutional significance of the sign in question.

Pyrexia.—To take this next, dryness of the tongue is so frequent with it that the two must be connected; at the same time, the occurrence of the dryness with little or no pyrexia shows that other causes may produce it. As the temperature of the body rises the moisture of the tongue diminishes; on the other hand, it by no means follows that if the tongue be dry the temperature is, or has recently been, raised. Many causes intervene which complicate the relation between heat of body and dryness of tongue. With typhoid or acute rheumatism the tongue is apt to be dry at a temperature under which, with pneumonia, it would probably not be so. Something is due to time; the more chronic disease is the more drying. A temperature of 102° has little effect in drying the tongue. Even much higher temperatures are reached without the tongue becoming dry, though its moisture is lessened. I have noted many instances of acute disease where the plastered tongue has retained enough moisture to forbid its being called dry

under temperatures of from 103° to 104°. It would appear that over 104° dryness is general; over 105° nearly constant. The extent to which other causes intervene is shown by the annexed statement, showing the maximum temperatures in 103 cases of dry tongue.

Temperatures subnormal in	...	...	...	...	16
" ranging up to normal in			...	...	19
" " " 100°	"	...	...		16
" " " 102°	"	...	...		28
" " " 103°	"	...	...		15
" " " 104°	"	...	...		5
" " " 105°	"	...	...		3
" " over 105°	"	...	...		1
Total	...	...	...	...	103

In a third of the number the temperature was not over normal; in half it was not over 100. There is no variety of dry tongue which gives so high a mean temperature as the moist plastered tongue of acute disease. It is clear, then, that though pyrexia is a drying agent, yet there are others which are important.

General dehydration.—Next, as a cause of dryness of the tongue, I come to general dehydration of the body, whether by deprivation of drink or excessive aqueous discharges. Apart from complications, we presumably have to do not with increased evaporation from the mouth, but with diminution of the saliva, often as a simple and direct result.

First, as to deprivation of water. I have never seen this carried to extremity, nor can I adopt as my own the experience of "The Ancient Mariner":

> "And every tongue through utter drought
> Was withered at the root;
> We could not speak no more than if
> We had been choked with soot."

But of lesser degrees of deprivation, mostly in the treatment of aneurysm and some forms of dropsy, I have recorded eleven instances, in six of which the tongue became dry. I need say no more of these cases now than that they show the results of dehydration in its simplest form; diminution of saliva and dryness of the tongue, with sometimes furring sometimes more or less denudation.

As a mode of dehydration less simple but more definitely morbid I may next refer to diarrhœa. Of the 113 cases of dryness this flux, simple or complicated, was present in seventeen. I here exclude typhoid. Six were cases of simple or dysenteric diarrhœa; the rest were associated with phthisis, cirrhosis of the liver, lardaceous or other organic diseases, which it would serve no purpose to recapitulate. In six the temperature was 102° or over; in five not above normal. In the larger number the complications were such that it was impossible to assign the state of tongue to the diarrhœa only; but there were three which served to exemplify the dryness as a direct result of diarrhœa, without either organic disease or marked pyrexia; in one of these the temperature was subnormal. More often when this appearance presents itself under the flux some other condition is present, often organic disease, the fatal end of which is not far off.

The maintenance of the moisture of the tongue under diarrhœa, profuse even to death, is a matter of common experience in Asiatic cholera. The tongue here remains moist, creamy, and noticeably cold during the whole of the purging or algide stage. When the discharges have ceased and reaction and fever set in, then as the pulse rises the tongue[1] begins to dry and becomes quite dry and brown, as often in typhoid, the edges and the tip being red. Probably the persistent moisture of the algide tongue is in some measure due to the watery vomit which so abundantly flows over it, but something must also be attributed to its low temperature. It is a matter of experience that a tongue which is in itself dry is not easily kept otherwise by external wetting. The patient may drink often to this end, but only with a superficial and evanescent effect.

Excessive discharges of urine may be next considered. Diabetes mellitus is a cause of extreme dryness of the tongue; of the 113 cases where this state of tongue was recorded, eight were of this disease. When the tongue has been dry under a mixed diet it will often become moist under a restricted one. By restriction both the sugar and the water of the urine are lessened; the formation of sugar is checked, and with this the discharge of water. Whether the presence of sugar in the blood or the discharge of water takes the chief part in drying the tongue may be ascertained by a comparison with diabetes insipidus, where the loss of water occurs without the production of sugar. I have notes of eight cases of this kind, in most of which the discharge of water was greater than with diabetes mellitus. The tongue was recorded as moist, generally slightly coated, in six; in one as "cleaning"; in another as "dryish, pale, and flabby." The desiccation was therefore decidedly less with diabetes insipidus than with diabetes mellitus, and in the latter disorder must therefore be attributed to some other cause than the simple loss of water by the kidneys. I may mention a case which bears on this point. A woman had profuse diabetes insipidus, passing on an average a pint of urine an hour for the twenty-four hours, and drinking to almost exactly the same amount. The tongue remained moist, slightly coated, scarcely unnatural, except that it displayed a syphilitic scar. Three years afterwards I saw the patient again, having lost sight of her in the interval. A very unusual change had taken place; the diabetes had altered from *insipidus* to *mellitus;* the urine was now loaded with sugar and in exactly half the quantity, the amount of drink having fallen in the same proportion. The tongue was now dryish, reddish, and a little brown. The temperature of the body was subnormal. The patient was on the verge of diabetic coma, in which she shortly died. The access of dryness of the tongue with glycosuria, though the diuresis was diminished and the temperature not increased, was instructive. The osmotic action of the sugar in the blood is probably the chief cause of the dryness of the tongue in the circumstances, as it has been shown to be of the dehydration of the lens and consequent cataract. The proximate cause of the dryness of the tongue is absence of saliva, as is evident by the state of the mouth and of the parotid.

Prostration.—In speaking of the several varieties of dry tongue, I have shown how much fatal disease they present—altogether about 50 per cent. A dry tongue, more than any other, foretells the ending of mortality. The kinds of disease which it accompanies are chronic more than acute; if febrile, usually continued. Putting aside designed restriction in drink, and also diabetes where the dryness is due to special circumstances, one is at once struck with the gravity of the cases and the large proportion of those which end fatally. The conditions are most various; it is not easy to see what they have in common, except it be something which may be indicated by such terms as *prostration* and *exhaustion.* Exhaustion by suppuration of many sources, advanced phthisis and tuberculosis of other kinds, are frequent when the tongue is dry and smooth. When it is dry and rough, the tables show concluding brain disease, concluding cirrhosis, advanced cancer, advanced pyæmia, and severe pneumonia. Of twelve cases of pneumonia in which the tongue was dry seven ended fatally; of twenty-seven in which the tongue was moist only five ended fatally. A dry tongue in rheumatic fever is commonly recognised as an unfavourable omen, though not necessarily a fatal one. In typhoid the converse may be stated—a persistently moist tongue is indicative of a mild attack.

I have used the term *prostration* as a somewhat inclusive one—one which can be better understood than defined,—representing great failure of strength and nutrition, however brought about. With the 113 cases of dry tongue, this condition was noted in fifty-one; in 222 cases where the tongue was moist, it was noted in but twenty-four. We cannot but conclude that prostration or failure of vital force is the most important factor of the dry tongue; pyrexia takes the second place. Clinical experience warrants the assertion that, though dryness of the tongue may occur without great prostration, great prostration is never long continued without dryness of the tongue. Great prostration occurs with little alteration of the tongue in connexion with abdominal collapse, as in acute obstruction and perforation, but the condition has not been of long continuance.

Besides prostration—or, be it rather said, together with it—coma presents itself in connexion with lingual dryness; this is not wholly due in the circumstances to the open mouth, as I have already shown, but to deficient secretion of saliva. It is to this that the dryness of the tongue is usually due, and it is because the dryness is an index of this deficiency that it has the clinical importance which, I think I have shown, must be attributed to it.

[1] In this description of the tongue in cholera I have been enabled to supplement my own recollections by the more extensive experience of Surgeon-General Cornish.

On the Influence of Food upon the Tongue.

In considering the causes of the several states of tongue, more particularly of dryness, I have said much which I need not repeat as to various influences which bear upon it. But there are still one or two which demand separate consideration, however brief.

First comes the question of food. The act of eating undoubtedly has an effect in cleaning the tongue, which is mechanical; and coating has been thought to depend, more largely than upon any other circumstance, upon the absence of the attrition which this process entails. It has been shown that the tongue is commonly more coated before food than after, that it is apt to be coated on the side of a tender tooth where mastication is limited, while it remains clean on the sound side where it is not; and much of the effect of acute disease in coating the tongue has been ascribed to the attendant loss of appetite and restriction of diet. But I have already shown that coating is a matter not only of want of wear, but in part of overgrowth; and that other causes (notably pyrexia), are directly concerned. As regards the influence of food, I have sought instruction in cases where there was absence or limitation of it, apart from pyrexia or other causes which act upon the tongue. I have watched the state of this organ in many cases of stricture of the œsophagus where solid food has been entirely disused, and have before me the notes of five such, and I might add as a sixth a case in which the patient refused food in consequence of cancer of the larynx. The back of the tongue here was covered with long shaggy fur like coarse hair. There was another instance in which the tongue was furred, but it did not become so, notwithstanding long total absence of solids, until it became dry under extreme prostration and absolute pulselessness. Among the other cases there was no instance (though, in some, solids by the mouth were impracticable and feeding conducted chiefly by the bowel) in which the higher degrees of coat existed. In two the tongue was coated, but not plastered; in one it was partly stippled or dotted, being coated only in the back and central parts; in one it was dotted only. In the last case, slight as the covering was, the difficulty of taking food was such as to call for gastrostomy. This case declared in a manner to which accident gave effect how slight is the coating produced by absence of food, as compared with that due to acute febrile disease; for it chanced that I had at the same time in near proximity some typical cases of the plastered tongue of pneumonia and pyæmia. The difference was graphically displayed; among other points the general spread of the acute coat over the dorsum was contrasted with the tendency of the other to collect at the back and in the median line, leaving much of the tongue nearly free.

Cases of restriction to liquid diet, not as a mechanical but a physiological necessity, are seen daily. The physician knows that no other will "agree with" the patient; he is guided chiefly by the presence of pyrexia and the state of the tongue; the more coated the tongue, the more liquid the diet; if the tongue be dry, the diet is wholly liquid and alcohol part of it. Here the tongue determines the diet, not the diet the tongue; but not without instruction is the issue. As the acute disease abates, the tongue cleans notwithstanding the limitation; as it cleans, and because it cleans, solids are added and may help the process; but the cleaning comes first. In my table of normal tongues are seven which were so under a strictly liquid diet; on every ground therefore, it appears clear that, though some influence must be ascribed to food and mastication in cleaning the tongue, yet these are of secondary importance.

I need not revert to the effects of dry diet which have been discussed in relation to dryness of the tongue; these are briefly want of saliva; and in some cases furring, in others denudation.

On Conditions of the Alimentary Canal in relation to the Tongue.

It is a common belief that the tongue is directly indicative of many disturbances of the stomach, bowels, and organs directly connected with digestion; some appear even to be possessed with the fancy that the tongue is but an exposed sample of the alimentary canal, and declares by its changes the existence of similar changes in the hidden parts. With those who do not go thus far the white tongue is taken as a sign of constipation, or that the stomach or the liver is out of order, and that alteratives, especially of the mercurial kind, are needed. It is not easy to disentangle the complications which involve this subject; in the endeavour to do so I must appeal to a wider experience than I have been able to tabulate.

First as to the stomach. I have examined this organ after death with the naked eye and with the microscope where the tongue has been thickly coated or furred. Examination of the stomach is unsatisfactory partly from the post-mortem influence of its contents; but it may be safely said that this organ presents no changes which are obviously analogous to those of the tongue, and the same statement may be extended to the rest of the alimentary canal.

I have not been able to discern any state of tongue especially connected with dyspepsia or ulcer of the stomach. When dyspepsia is associated with stomatitis the tongue is sometimes thickly coated, probably as a local result. In simple dyspepsia and ulcer the lower degrees of coating are usually present, possibly in connexion with the loss of appetite and the limitation of food. In one case of ulcer I noted the tongue as clean but flabby.

Next as to the bowels. Some forms of constipation or diseases associated with it are undoubtedly connected with changes in the tongue; but that the arrest is not necessarily connected with any such change is evident. I have seen the tongue perfectly clean and normal after three weeks of nearly total constipation in a hysterical woman, and equally so after twenty-eight days of nearly total constipation in a woman who was next day made the subject of colotomy for stricture of the sigmoid flexure; and it would not be difficult to cite other cases where the tongue has remained natural under long constipation, either functional or connected with chronic obstruction. On the other hand, where the obstruction is acute, the tongue early becomes stippled or coated, and dry. I think the difference between the tongue of acute and of chronic obstruction, and between one case of chronic obstruction and another, is in the presence or absence of constitutional disturbance. The early dryness of acute obstruction is not, as a rule, associated with pyrexia, but depends on salivary deficiency associated with the constitutional state. The dryness determines the state of tongue. Unless there be constitutional disturbance, which with simple constipation or chronic obstruction there often is not, the tongue may remain natural. I have more than once noticed an old block in the rectum to be attended with thick coating, which has disappeared or lessened on the removal of the accumulation. It may be inferred that in such cases there is general disturbance and probably pyrexia connected with morbid absorption, as the fetor of the accumulation cannot fail to suggest.

Passing from constipation to the opposite condition, diarrhœa is early and powerfully productive of lingual changes. The tabulated cases speak for themselves, and I might largely add to the evidence they present. Looking through my notes not included in the tables, I find the tongue of diarrhœa described as "thickly coated and dry," "thickly coated, mouth dry, saliva scanty," "foul and coated," "brown, dry, and furred," "coated with brownish fur," "very dry, brown in centre, coated," "dry, brown, and cracked." There is scarcely any condition in which the tongue becomes more rapidly dry, coated, furred, and encrusted than severe diarrhœa. The absence of saliva is self-evident; direct dehydration helps to cause this, and pyrexia, which is often present, helps the desiccation.

I have already referred to the red and bare tongue which is sometimes associated with dysentery, together with abscess of the liver. Here we have fever of the hectic type together with the purging.

Opium.

It is no part of my design to describe the action of drugs upon the tongue, but I will nevertheless insert a word as to opium. It is well known that opium makes the mouth dry. I have frequently given it experimentally to persons whose tongues have been clean, or nearly so, and moist. The effect has always been to coat the tongue, impair the appetite, and diminish the saliva. In one case the temperature rose from normal to 100°. Some of the coating may be due to the loss of appetite and of friction, but the diminution of saliva must also have importance attached to it, and falls in with what has been already said with regard to the relation of this secretion to the coat.

On the Influence of the Nervous System upon the Tongue.

This is not to be ignored, though I think more has been attributed to it than can be demonstrated. The late Mr. Hilton showed that coating of the tongue was often confined to the side of painful teeth, and referred this to reflex

nervous irritation. I have already adverted to such cases in the view that the effect was due to want of wear on the tender side. It is a matter of common observation that in hemiplegia the tongue is not unilaterally affected as if from the local change, but bilaterally as if from the constitutional results of it. On the other hand, I have already cited an instance in which there was reason to believe that unilateral coating and dryness of the tongue depended on an injury to the chorda tympani on the affected side. Here we have the intervention of saliva, and may with probability ascribe the coating to the want of this secretion rather than to the direct effect of the nervous lesion. It has already been shown how largely deficiency of saliva affects the tongue, and it is a matter of ancient at well as modern experience that this secretion is much under the influence of the nervous system. I do not now refer to physiological experiments, but to conditions of wider range. The mind affects the saliva, and may, or even must, by its means, or by means of its absence, affect the tongue. The dryness of agitation is well known; the tongue "cleaves to the roof of the mouth." The Eastern ordeal by rice, which can be swallowed by the innocent, not by the guilty, will occur to everyone. I have often noticed the tongue to be white and sodden-looking after an exacerbation of nervousness, associated in particular with phosphatic urine, and thought the first change to be a want of saliva, the coating secondary. I was told by Mr. Charles Hawkins that a certain practitioner, who saw many men of business after their business hours, could always tell how things were in the City by the tongues of his patients.

I need not here discuss in relation to the tongue the general conditions of dehydration, pyrexia, and prostration, since to do so would be but to repeat what I have said in connexion with coating and dryness. Neither need I delay, or only for a moment, to point out that if one were to seek to connect the states of the tongue as a general rule with individual diseases, so various, and apparently so contradictory, would be the results that nothing but confusion could result. What can be said towards this end may be briefly put. There is a tongue of heart disease of which the cyanotic character is evident to the naked eye, and a somewhat similar condition which is apt to accompany chronic albuminuria, which needs the microscope for its detection. The tongue of diabetes mellitus has a special tendency to dryness, as has been sufficiently explained; but this does not prevent its being sometimes normally moist or even normal in all respects. Among the febrile diseases it would commonly be said that the tongue of scarlatina and that of typhoid are characteristic. The well-known strawberry tongue of scarlatina approaches nearly to the pathognomonic, for the eruption helps to make it so; but even here other febrile disorders, like pneumonia, in which the face and mouth are apt to be injected, produce an excellent counterfeit, besides which the strawberry character in scarlatina is soon replaced by other phases of coating and by denudation. The tongue of typhoid presents many varieties, according to the stage of the disease and other circumstances. In eighteen cases it was stippled and coated, coated, plastered, strawberry, furred, encrusted, and denuded. Only two presented the dry furred, or encrusted, state which is commonly regarded as typical. The dry bare condition was not absent. The tongue of pyæmia more often shows the ideal typhoid state than does that of typhoid itself. I say nothing of the tongue of typhus, of which of late years I have seen but little. In the only case I have recently seen it was dry and black, as it is known often to be. Lobar pneumonia presents a range of tongue which runs through the whole gamut, the plastered type preponderating, as it does with typhoid and most other acute febrile states. In bronchitis the lower degrees of coating are generally presented; but if the disease be considerably febrile the tongue is apt to be plastered, which may be accepted as a sign of severity. With regard to acute rheumatism, the variety is considerable, the lower degrees of coating being more often seen than with diseases which present a higher temperature and more depression. Nevertheless, the dry, furred, and encrusted tongues, with their significations, are not absent from the series. It would serve no purpose, and would involve repetition, were I to dwell further upon the relations of the tongue to individual diseases; the tables speak in this sense, though the experience therein recorded is but a fragment small indeed compared to what must be in the minds of many who honour me with their presence to-day.

I have not dealt with local affections of the tongue, nor have I had much experience of them. That local irritation increases the coat may readily be believed. The coated or thickly stippled tongue of the smoker is well known; this may even assume—though, I trust, but rarely—the startling form of leucoplakia—an exaggeration, I presume, of the epithelial growth, though here I speak without post-mortem observation. I present a drawing from a patient with regard to whom I had the advantage of the opinion of Mr. Jonathan Hutchinson. I will dwell no further on this part of the subject, save to repeat what I hope has been made evident, that general influences tell more widely upon the tongue than local ones.

It only remains that I should sum up briefly the conclusions which have been arrived at.

The tongue is an index of constitutional states, seldom of individual diseases. An ancient theologian described the face of a wicked man as a map of the empire of sin. It has been fancied that the tongue presents a map of the empire of disease; and a writer, though one of no great note, has gone so far as to divide the lingual surface into a number of rectangular regions as numerous as the United States of America, which he places under the rule of separate organs; the larynx, the bronchi, the lungs, the pleuræ, the large intestine, the small intestine, the kidneys, and the brain each possessing a distinct territory. The heart, says this writer very wisely, has a common control over all. But in truth the tongue has no such local signification; it seldom points to solitary organs or isolated disorders, but is rather a gauge of the effects of disease upon the system than an indication as to the locality of it. It is often a guide in treatment, so far as treatment is general, not local; and it is an important help in prognosis. It may, indeed, be doubted whether any means of observation open to the physician, including the pulse and the thermometer, give him more insight into constitutional states than he can derive from the tongue. Clinically it always speaks the truth, and in a language which is not foreign to the experienced physician. And how much truth, or rather how many truths, are to be read on how small a page! Conditions of fever and of feeding; states of the nervous system; the maintenance or abeyance of vital secretions; failure of vitality, though we may not be able to find out why; in one case that the disease is getting the better of the patient; in another that the patient is getting the better of the disease;—all these are discernible to the educated eye. The clinical value of the tongue largely depends on the number of interests it represents; these are more or less mingled in its indications, and the impression they convey is a combined one; but it is none the less valuable because comprehensive; it gives to a glance what otherwise could only be learned by detailed inquiry.

It has been shown that the white coat of the tongue essentially consists of horny epithelium, and that the various grades of coating are mainly due to its increase. I have not dwelt upon the parasites which are apt to gather upon the coat; these are only of secondary interest; they do not determine the character of the coat or of the tongue, and they have been subjected to an exhaustive examination by Mr. Butlin, with results in negation of their practical importance. It has been shown that the several degrees of coat are mainly due to overgrowth of epithelium, though in a smaller measure to its want of removal, and that there is a remarkable correspondence between the heat of the body and the coating of the tongue. If the tongue be coated, the indication is usually of febrile disturbance without especial reference to the stomach or liver, and points more to the general system than the alimentary. Though something is to be ascribed to disuse, yet I think I have shown that too much has been; and that more than one modern observer, like an uncharitable pedagogue, has attributed to idleness what is directly due to illness.

Superadded to the *forcing process*, if I may so speak, of fever, we have step by step other changes, dryness, furring, and incrustation, which are essentially connected with want of saliva. I have endeavoured to show that this diminution or arrest is declared by the state of the tongue almost as certainly as by observations on the ducts, and is the chief cause of the furring and incrustation which accompanies it. It is true that in the crust are parasites, but these are secondary; the primary fact is the want of saliva, a clinical indication always of importance, though the process by which it is brought about is not always the same. I have shown the effect of dehydration in diabetes and by diarrhœa;

but it has, I think, been made clear that the most frequent and important concomitant of the dryness is a certain failure of bodily force and function which I have not assumed to describe with physiological exactness, but have expressed by such terms as weakness, prostration, and exhaustion. I do not ignore the effects of deprivation of water, of alcohol, and of opium; but, nevertheless, the relation to which I have drawn attention, so far as it concerns such dryness as to cause incrustation, has a general hold. It is difficult not to infer that with the salivary are other glandular failures, more especially such as concern the digestive system. Good digestion waits on appetite. Putting aside diabetes, where there are special circumstances, it may be said with general truth that with the dry encrusted tongue appetite is *nil*, and solid food impossible, not merely from the local difficulty caused by the dryness of the mouth, but from inability more profoundly seated. It may be inferred without rashness that the loss of power to take food is connected with a loss of power to assimilate it; and if the digestive function is in abeyance it is not likely that the digestive fluids are abundant. Hence it presents itself as what may be called a working probability that a want of the more vital juices concerned in nutrition may be indicated by the want of saliva which is sometimes so conspicuously displayed. Physicians acknowledge in their practice some such guidance; the dry and encrusted tongue is seldom disregarded as a call for animal liquids, which require little digestion, and alcohol, which requires none. To translate theory into practice is not only dangerous because the theory may be wrong, but the means may be ill-adapted though the theory be sound. I have often taken the dry tongue as an indication for peptonised food, and thought it beneficial, but have not as yet had enough experience to speak confidently.

Proceeding from the varieties of clothing which dryness produces, we come to the opposite, but sometimes succeeding, condition—that of nakedness. This is often connected, like the previous, as has been shown, with want of saliva, of which it is usually a later concomitant. It may be simply due to this cause, but other circumstances are so often present that it is difficult not to assign to them some share in the loss of integument, and attribute this, in part at least, to the failure of nutrition which belongs to hectic fever and suppurative waste. When the tongue becomes dry and bare, it is ill with the patient. He is not sure to die, but likely to. If, as has been said, the tongues of dying men enforce attention, it must be often directed to this. The indication of the red, smooth tongue is for what failing nutrition calls for—tonics, stimulants, and food, probably liquid, but nourishing. The failing pulse does not more surely tell of asthenic tendencies than, as a rule, does the red, dry, and polished tongue.

The tongue, indeed, has a whole book of prognostics written upon its surface. When the tongue is approaching the condition of health so as a rule is the patient, as is seen whenever the red, dry, and bare tongue acquires moisture and clothing. There is no better sign in diabetes than the resumption of the natural moisture by a tongue which has been dry. Something may be judged by the way an encrusted tongue cleans; if gradually and from the edges, well; less so when it scales, especially when the surface exposed is red and dry. One glance at a coated or plastered tongue may give an assurance, which perhaps could not be otherwise obtained, that the disease is on the wane. If the thick coat in the centre steeply shelves towards the sides and front, revealing a normal, moist, not over-injected surface, the tongue is in process of cleaning; the natural friction is overcoming the coating process, and tongue and patient are on the mend. A tongue acquires coat more evenly and generally than it parts with it; we can thus tell whether the coating is on the advance or decline, and apply this rule to the disease.

There remains to me only the pleasant duty of mentioning those to whom I have not yet referred to whom I have been indebted. No one who has worked at the tongue can fail to have profited by the labours of Mr. Jonathan Hutchinson, to whom, indeed, I have been under special obligation, though as surgeon and physician our points of view have not been the same. I must next record my debt to Mr. Sweeting and Mr. Armstrong of the Western Fever Hospital, and Dr. Collie of the Eastern Fever Hospital, for kindly providing me with scarlatinal tongues. Clinically, I have to acknowledge the services of a series of excellent clerks—Mr. Brushfield, Mr. Le Cronier, Mr. Sortain, Mr. Ogle, Mr. Drabble, and Mr. Barlow. And I have, finally, to thank the Fellows of the College and all who have formed my audience for the attention they have bestowed upon what I fear must too often have been tedious.

Clinical Lecture

ON

LEAD POISONING FROM DRINKING WATER.

BY W. R. THOMAS, M.D., M.R.C.P.,

SENIOR PHYSICIAN TO THE SHEFFIELD PUBLIC HOSPITAL; JOINT LECTURER ON MEDICINE, SHEFFIELD MEDICAL SCHOOL.

GENTLEMEN,—As cases of lead poisoning from drinking water are so frequently met with in Sheffield at the present time, and as we find that every morning in the out-patient department fresh examples present themselves, I think I cannot bring a subject more interesting and more useful than plumbism before your notice, and none of which a more thorough knowledge is desirable on the part of the medical profession.

You must not expect to find your patients complaining of symptoms evidently pointing to lead as the cause—as those of lead colic, for instance; nor do we frequently meet with the paralysis of certain muscles of the upper or lower extremities. On the contrary, the symptoms generally complained of are vague, and, unless you are careful, you are, indeed, apt entirely to overlook the presence of plumbism. Some will complain of pains in the abdomen of a griping character, sometimes in the right iliac or umbilical regions, at other times in the epigastric or left iliac. Others will suffer much from excessive vomiting, to such an extent that nothing can be retained. Some, again, complain little of abdominal symptoms, but have pains in the legs, thighs, hips, knees, arms, and back, with also a feeling of muscular weakness. Indeed, these pains are generally looked upon by the patient as being of a rheumatic or gouty character. Some I have seen who have had symptoms frequently met with in cases of advanced chronic alcoholism, or serious disease of the nervous system from other causes.

I shall now describe for you the symptoms generally met with in cases of plumbism, and I think that a due consideration of them will enable you in the majority of instances to form a good opinion. The tongue is coated, the breath unpleasant, and there is a disagreeable, sweet, metallic taste in the mouth. Digestion is interfered with; there is pain, flatulence, acidity, or sickness, which in some cases is exceedingly severe, reducing the strength of the patient to a great extent. The bowels are very costive, and griping pains are complained of, which may be slight, but in some instances are exceedingly acute. There is a desire to pass urine more frequently than usual, and this is more evident in the night than during the day; this urine is generally high in colour, and often contains albumen; the quantity secreted is less than in health. The functions of the uterus are interfered with. I have met with cases of amenorrhœa and menorrhagia where, I believe, the presence of lead has been the cause. Cases of abortion at an early date have been put on record, some as early as at about the eleventh week. The nervous system generally suffers very much. There is mental languor, occasionally mental confusion or other cerebral derangement. There are pains, often very severe, in some of the joints or in any other part of the extremities, in the back, in the side of the chest, in the head, or elsewhere; and these may be of a neuralgic or rheumatic character. The skin is pale, and often of an earthy hue, generally speaking dry. In severe cases we meet with paralysis of the extensors of the forearm (of which I have seen one from drinking water), paraplegia, and other paralyses. With these symptoms there is the blue line to be seen along the edge of the gum, and there is also lead to be found in the urine. With regard to the latter, I have always, whenever I have had any doubt, or wished to make a case complete for other purposes, got my friend, Mr. Allen, the borough analyst, to examine the urine for me. You will often experience a difficulty in finding the blue line when you look for it. Very frequently it is absent

entirely in front, and can only be seen when the cheek is hooked back, and then it will be seen at the edge of the gum by some of the molar teeth. I have met with one or two cases where it has been entirely absent in front, and only been visible on the inner side of the teeth, at the edge of the gum of course. You can see it in this locality by the aid of a good light, and by making the patient open the mouth to its full extent, or by the aid of a little mirror like that which dentists use. This line is believed to be formed by the action of sulphuretted hydrogen upon the fluids in the gum, which contain lead, the sulphide of lead being the result, and this remains there as a deposit. The sulphuretted hydrogen is the result of the decomposition of minute particles of food, which so frequently rests in that space between the gums and the teeth; but some maintain that the sulphocyanogen of the saliva acts upon the lead in the tissues of the gums.

Now I have described for you the ordinary symptoms, I will just say a word or two about the pathology of the disease. The poison, when introduced, accumulates in the system, and has been found in the brain, spinal cord, and nerves, in all the organs—as the heart, the lungs, liver, spleen, and kidneys,—and in other tissues; and, wherever found, the tissues in which it has been deposited have invariably undergone some change. The cell elements in muscle entirely disappear, and nothing is left but fibrous tissue, sometimes in excess, so the muscle atrophies. Certain changes of a degenerative or other kind are to be seen in the brain, the spinal cord, and in the nerves themselves. Sometimes there is hyperplasia of the fibrous tissues of these parts as well, but this has been most frequently met with in the sympathetic nerves.

A word or two to you now about the effect of water upon the lead pipes. You are aware that water generally contains a certain amount of carbonic acid. This acid acts upon the inner surface of the pipe, forming an insoluble internal coat of oxycarbonate of lead, which effectually prevents the water from further acting upon the pipe. Hence old pipes which have been down for years are far less dangerous than new ones. Water which contains lime salts, as the carbonates and sulphates, also assists in forming an internal insoluble coat, as the carbonates and sulphates unite with the lead. New pipes are apt to be acted upon by the oxygen which the water contains; a soluble oxide is formed, which contaminates the water. The nitrites, nitrates, and chlorides found in water contaminated by sewage are very injurious, as they dissolve the lead; so also peat and other vegetable matter have a similar deleterious effect. The Sheffield water from a certain source is acid, and most certainly dissolves the lead. The water in other towns has had a similar effect upon the lead. For some time the inhabitants of Keighley suffered from plumbism, as we do now from drinking water. Mr. Jarmaine, of Huddersfield, recommended the authorities of Keighley to use limestone to counteract the acidity of the water. This was placed in conduits, and the water was allowed to pass over it. They have found at Keighley that it has been necessary occasionally to add quicklime to aid the limestone, especially in summer, when the water is scarce. This plan, which has been adopted at Keighley and found to succeed, is now being tried in Sheffield, and I trust that it will be equally successful here. It is a matter of vast importance to the town of Sheffield, as the drinking of water containing lead is now giving rise to a great amount of disease and suffering, and also, by inducing a weakened state of system, laying the foundation for other diseases in the future. Although likely to succeed, it is, after all, but an experiment, and I have no doubt that those who have to manage our waterworks will take care that the water, before and after it has been subjected to the action of the limestone, is carefully examined, and that its condition after it has passed through the pipes is taken particular notice of.

WORCESTER INFIRMARY.—The annual meeting of the governors of this institution was held on the 19th ult., when the executive committee, in the 143rd annual report, stated that whilst there has been a very small increase of in-patients treated during the year 1887, as compared with 1886, the increase of out- and dental patients has been very considerable. The expenditure for the year, excluding cost of the extensions, was £4547, and the income amounted to £3538, leaving a deficiency of over £1000.

CASES OF DUODENOSTOMY AND GASTRO-ENTEROSTOMY.[1]

BY FRED. BOWREMAN JESSETT, F.R.C.S. ENG.,
SURGEON TO THE CANCER HOSPITAL.

ALTHOUGH the patients in the following two cases died, the one four weeks and the other ten days after the operation, yet, as the histories will show, they succumbed to the disease they were suffering from, and not directly from the effect of the operation, which in both cases was successful.

CASE 1. *Duodenostomy.*—E. W——, a married woman aged forty-three years, the mother of eleven children, the youngest of whom is nine months, was admitted into the Cancer Hospital on May 23rd, 1887, suffering from cancer of the pylorus. There was no history of cancer in the family. She had always enjoyed fairly good health until the birth of the last child. She said she had a very bad and long labour, with much straining; since this time she had always suffered more or less pain in the epigastrium. This was much worse shortly after taking food, so much so that she dared not take any solids. Three months previously to admission vomiting commenced after taking food; this increased to such an extent that, as she stated, after everything she swallowed she vomited within a very short period. She had been in the habit of taking pills and aperients for the previous two or three months; notwithstanding this, the bowels were never relieved oftener than once a week or ten days. She had lost flesh and strength rapidly, and from the constant pain could get no rest without the aid of opiates.

On admission the woman was in a most emaciated condition, with anxious pinched countenance, expressive of constant pain and suffering. The abdominal parietes were almost atrophic, the peristaltic movements of the intestines being plainly visible. A general fulness was clearly defined; the shape of the stomach, very much enlarged and universally resonant, was visible, extending from below the cartilage of ribs on the left side to within a couple of inches of the pubes. On the left of the middle line of the epigastric region there was a hard nodulated mass the size of an orange, extending downwards nearly to the umbilicus; this growth was situated at the extreme right of the dilated stomach above alluded to. The growth was freely movable, and its position became altered according to the manner in which the patient lay or sat.

Shortly after admission the patient vomited a porringerful of apparently curdled milk; this was followed by another porringerful of a liquid resembling in colour beef-tea. The week before admission she says she vomited a quantity of matter resembling dark blood. On the morning following admission, after taking some food, she was again seized with a vomiting attack, the food being returned as taken, very brown, and all of a "boil," as it was described. Microscopically a large quantity of sarcinæ were seen, but no blood corpuscles or cancer cells. She was ordered to have her stomach washed out once or twice a day with plain warm water, and afterwards with a solution of boro-glyceride; to take only a little essence of beef by the mouth every four hours, and to have a peptonised beef-tea and port-wine enemata during the day.

Under this treatment the patient improved in general health, but still complained of constant pain over the growth in the epigastrium. After a consultation with my colleagues it was determined to recommend the patient to submit to abdominal section, and if the extent of the disease did not preclude it, and the patient's strength allowed, to perform pylorectomy, gastro-enterostomy, or duodenostomy.

On June 4th, the patient's stomach having been thoroughly washed out about two hours before the operation, she was placed under the influence of ether, and I proceeded to make an incision about four inches long in the middle line from the umbilicus towards the xiphoid cartilages. On dividing the peritoneum the growth referred to at once presented itself, and was easily brought out of the wound; some of the mesenteric glands were now found to be enlarged, and probably infiltrated with disease. The patient at this point showing manifest signs of failing strength, it was determined not to attempt the removal of the pylorus or to

[1] Read at the Medical Society, January 9th, 1888.

prolong the operation longer than possible; the idea of gastro-enterostomy was also abandoned; and, as the duodenum on the distal side of the disease was readily drawn into the wound, it was decided to fasten this to the abdominal parietes, and treat it in the same manner as a gastrostomy, delaying the opening of the duodenum for two, three, or more days according to the condition of the patient. The patient stood the operation very well, and passed a quiet night.

June 5th: The patient is comfortable; complains of thirst. Temperature 101°; pulse 96. Abdomen soft and free from tenderness. She complains of slight pain over the epigastrium. Tongue moist and clean. Ordered a little ice to suck, and to be fed with zyminised beef suppositories by the rectum.—6th: Passed a quiet night; slept at short intervals. Beef-tea enemata to be given every four hours. Abdomen rather distended and painful. The bandage having slipped up, the dressings were removed, and the wound found to be coated with lymph and looking very healthy and well.—7th: The third day after the operation the duodenum was opened, and three ounces of peptonised beef-tea injected; this to be repeated every six hours. Temperature normal. The patient was fed in this manner during the next week, also having zyminised beef suppositories inserted into the rectum night and morning. She still continues to complain of the pain over the pylorus she had before the operation, yet she is improving generally. At the end of the week the whole of the stitches were removed, and the wound was quite healed and perfectly healthy.—13th: The beef-tea was not well retained, and there was a large quantity of bile escaping through the duodenal opening. Starch powder and absorbent sanitas wool were placed over the wound to catch the discharge. At 5 P.M. four ounces of beef-tea and two ounces of port wine were taken freely by the duodenal opening, this to be repeated in six hours, and to have thirty grains of zymine and ten of carbonate of soda added to each injection. The skin round the wound is red and painful from the discharge of bile. To be dressed with boracic acid ointment.—16th: Has vomited a porringerful of fermented matter. This was the result of her having been given some gruel to drink, as she complained of thirst. Stomach to be washed out, and strict orders that nothing is to be taken by the mouth; zyminised beef suppositories to be continued. The patient from this time continued in much the same state, although free from pain, slept fairly well, and the nourishment was well retained until the 22nd, when suddenly the food given by the duodenal opening was ejected shortly after being given. The ejected matter was most offensive, and the patient rapidly became very much weaker. A solution of boro-glyceride was injected into the duodenum, and after this the food was again fairly well retained. The patient, however, became gradually lower, and on July 3rd she died, just one month after the operation. A post-mortem examination was not allowed.

CASE 2. *Gastro-enterostomy.*—R. L——, aged fifty, an engine smith by trade, and a widower; the father of twelve children, three of whom only are now living. There was no history of cancer in the family. His father died, aged sixty, of natural decay; his mother, aged sixty-one, from heart disease. He was admitted into the Cancer Hospital on Jan. 22nd, 1887. Since his wife's death he had been in the habit of taking large doses of chloral and morphia. He stated that he had gastric fever three or four years ago, and had suffered from sickness more or less ever since. He was an inmate of an asylum for five years. He began to suffer pain after food three years ago, and frequently had attacks of vomiting, mostly after food, undigested food being chiefly ejected. In October, 1886, he began to have severe dull pain in the epigastrium, and to vomit quantities of partly digested food and frothy mucus and pus. Early in the year 1886 he vomited "coffee grounds," but since then had vomited no black or bloody liquid. He had for several months suffered from most obstinate constipation. He had not lost much flesh during the last twelve months, although his weight was now only 8st. 4lb. He said that he had had an excessive amount of mental trouble for some length of time. Twelve years ago he lost his wife and five children in a week. This so preyed upon his mind that he became melancholic and threatened to commit suicide, and it was on this account that he had been confined in an asylum. He stated that he could always tell when the attacks of vomiting were coming on. The pain over the pylorus was, however, constant.

On admission the man had a pinched, sallow complexion, and was very thin and weak. He could take nothing solid, and always complained of most excruciating pain about twenty minutes after taking food, which was often followed by vomiting. He complained that he could neither see nor hear so well as he did, and had pains in his limbs and back. The pupils were contracted, responded slightly to light, and the accommodation was impaired, the result probably of constant opium taking. There was no manifest impairment of sensation. The abdomen was flattened. There was no enlargement of the liver, spleen, or kidneys. There was a slight fulness midway between the umbilicus and ensiform cartilage, but no well-defined hard nodule; excessively tender, however, on pressure. The stomach was not apparently dilated. When seen on Jan. 31st the vomiting was said to have continued, and the man suffered such severe pain after meals and was losing strength so rapidly that he begged to have something done for him. Since his admission he had been treated with bismuth, iodide of potassium, soda, and morphia. On Feb. 1st, as there was no improvement, the stomach was ordered to be washed out with warm water, and he was treated with fifteen minims of tincture of condurango three times a day instead of the bismuth mixture. No improvement, however, followed this, and the man was so manifestly losing strength that, after a consultation with my colleague, I determined to open the abdomen and perform gastro-enterostomy. The patient readily consented to the operation, and on Feb. 5th his stomach was washed out twice, and he was only allowed to take some essence of beef by the mouth. He, however, had some peptonised beef-tea and port-wine enemata. His stomach was again washed out with a solution of boro-glyceride on the morning of Feb. 6th, about two hours before the operation.

The patient being placed under the influence of ether, an incision was made about four inches in length in the linea alba between the umbilicus and ensiform cartilage. On opening the abdomen the stomach and omentum were seen apparently normal in position and appearance. The pyloric extremity of the stomach could be felt in its usual position, movable, but apparently thickened and somewhat harder than usual. I determined therefore to proceed to attach the jejunum to the stomach. The great omentum was pushed on one side, the anterior wall of the stomach drawn out of the abdominal wound, and a piece of jejunum as near its commencement end as possible also drawn out of the wound for about four inches, and after two apertures had been made in the mesentery close to the intestinal attachment, about three inches apart, two pieces of indiarubber tubing were passed through these openings and made to encircle the gut, a piece of which was thus isolated and the circulation of its contents prevented. The surface of the stomach and intestine were next brought together, an incision about an inch and a half long made through the serous and muscular coats of each viscus, and the corresponding posterior edges of the wound united by a row of continuous fine silk sutures, which penetrated these two coats only. In this way, the serous surfaces were closely united from end to end before either viscus was opened. This row of stitches, which were about an eighth of an inch apart, were carried, as Mr. Barker has suggested, about a quarter of an inch beyond each end of the incision in the coats of the bowel. The mucous membrane of the stomach and jejunum were now opened to the full extent of the wound; only a few drops of clear fluid escaped from the stomach and a small quantity of succus entericus from the jejunum. After carefully cleansing the edges and securing a few bleeding points, the anterior borders of the two openings were united by a number of interrupted fine silk sutures after Czerny's method. A second row of continuous sutures was now inserted about a quarter of an inch from these, to strengthen them and to ensure a larger surface of peritoneum being in apposition. A similar row of interrupted sutures was also inserted behind the sutured surface of the posterior edge. The elastic bands were now removed from around the gut and again following Mr. Barker's suggestion, I stitched the efferent portion of the bowel to the stomach wall for about three-quarters of an inch from the right extremity of the opening between the stomach and jejunum now established. The stomach and bowel were then dropped into the abdomen, the toilet of the omentum attended to and the parts thoroughly cleansed, and finally the abdominal wound was closed and the patient returned to bed. The patient stood the operation very well and passed a fairly good night.

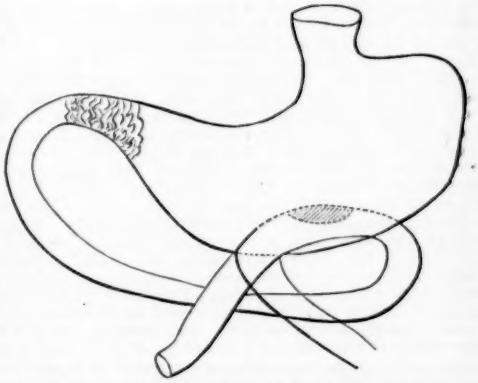
Feb. 7th: The patient has had a little sickness. Tempera-

ture normal. He expresses himself as feeling comfortable. At 8 P.M., fairly comfortable. Complains of thirst and pain in the epigastrium. Ordered half a grain of morphia hypodermically. Is allowed only iced water to wash his mouth out, and has zyminised beef suppositories by the rectum every four hours. At 12 P.M., temperature 100·8°. Given an enema of beef-tea with an ounce and a half of essence of beef and forty minims of tincture of opium.—8th (4 A.M.): Half a grain of morphia was given hypodermically. Has passed no urine since the operation.—9th: Has passed a comfortable night and slept at intervals. Complains of thirst and headache. Ordered an enema of beef-tea and yelk of egg. At 3 P.M. he was given an enema with forty minims of tincture of opium, to be repeated every four hours. Complains of pain at lower part of abdomen. Temperature 102·2°. Zyminised beef suppositories to be given alternately with beef-tea; half a grain of morphia at night, hypodermically.—10th: Temperature 101°. Complains of pain and feeling sick, but no vomiting. At 4 P.M. the patient was not so well. Some abdominal tenderness. Complains of great pain at epigastrium. Sleeps at intervals. Wound dressed; union appears perfect. Enemata of beef-tea and yelk of egg every three hours, with forty minims of tincture of opium every six hours. At midnight he complained of great pain. He was slightly confused. When he awoke he began to vomit thick brown fluid of a most offensive odour, the vomiting continuing until 5 A.M. Very feeble, somewhat wandering at times. Vomiting every half-hour. Pain intense. Ejected fluid, thick, brown, and containing mucus and bile; is most offensive, but not feculent; it is ejected easily and suddenly. Tongue brown and dry. Temperature fallen from 102° at 2 A.M. to 100° at 10 A.M. Pulse 100, compressible. At 2 P.M. the temperature was 99·8°.—12th: Has had a short sleep at intervals during the day. Ordered enemata of beef-tea and brandy every three hours. Some of these were not retained. Vomiting not so frequent after 4 P.M. Mouth moistened with wet cloths soaked in iced water. To have essence of beef and a little water by the mouth.—13th: Had a bad night, vomiting at intervals, the same fetid matter being ejected, mixed with bile. Enemata not retained. Zyminised beef suppositories substituted. Barley-water ordered by the mouth, which, however, was ejected very shortly after being taken. Opium pills (one grain) to be given every four hours. Temperature 99·8°. Half a pint of warm water with Condy's fluid given by mouth, and retained; essence of beef in teaspoonfuls every hour. The patient, however, gradually became weaker, the vomiting continued at intervals, and on Feb. 16th he died, being the tenth day after the operation. That the cause of death was due to kinking of the gut there is but little doubt, and all the bile &c. secreted passed into the duodenum and into the stomach by the artificial opening.

Necropsy.—Abdominal wound quite healed. No signs of peritonitis. No fluid had escaped from the intestinal canal into the peritoneal cavity. The union between the surfaces of the stomach and intestine was complete. There was the cicatrix of an old ulcer just at the pyloric end of the stomach, but no malignant disease existed at the pylorus, which was, however, thickened. All the organs were healthy.

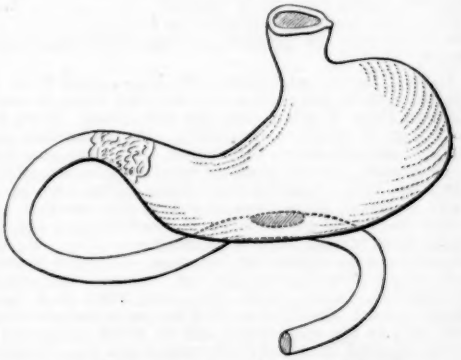
Remarks.—I have ventured to bring forward these two cases as I think them well worthy of record: the one case of duodenostomy as showing that such an operation in cases of extreme urgency is not only practicable, but without doubt of the greatest source of comfort to the patient; the other case of gastro-enterostomy as demonstrating how perfectly a fresh channel between the stomach and intestine may be established, and, notwithstanding the most adverse circumstances, how firmly the serous membrane of the stomach and jejunum unites in an extremely short time. The questions naturally arise: Are these operations justifiable? Is it worth the trouble, anxiety, and risk to subject a patient suffering from cancer or extreme stenosis of the pylorus to such a formidable operation? Both these questions I am inclined to answer in the affirmative, and for the following reasons: 1. We are dealing with a disease that of necessity will destroy life, not in the ordinary way, but by the most cruel and horrible process of starvation, accompanied by frightful agony. 2. The constant excruciating pain, coupled with the frequent and violent vomiting and total inability to take any food, renders the patient's life a perfect misery to himself and all around him. 3. By operation, if undertaken early enough, undoubtedly life may be prolonged if the operation is successful, and the last days of the victim will be considerably relieved of the pain. I would in no case recommend duodenostomy to be performed if the patient's strength was sufficient to allow of his undergoing an operation of such a prolonged character as gastro-enterostomy would entail, as undoubtedly by this operation the patient is placed in a far more satisfactory condition than by any operation that has for its object the opening of the small intestine for the means of feeding. This must be self-evident, as in gastro-enterostomy there is no interference with the process of digestion and the secretion of the liver and pancreas, as well as the admixture of the food with the saliva during mastication. These secretions thus mingling with the food in the natural manner, the process of slow starvation is prevented, to say nothing of the unpleasantness of the patient having to be fed by an artificial opening in his abdomen being avoided. If this operation is to be attempted, it should, in my opinion, be performed as early as possible in the disease, and the patients not allowed to wait until they are *in extremis*. In cases of gastro-enterostomy, one great source of danger after the operation is the fear of kinking of the gut, and I have little doubt that this was the cause of the vomiting in my case. On this point, then, I should like to offer a few remarks. The method of operating usually has been to catch up a loop of jejunum as near its origin as possible, and to fasten it to the anterior wall of the stomach. By this means a double twist is given to the gut, and from its position to the omentum kinking is very likely to occur. (See Fig. 1.) The question naturally arises, Is this the best method to adopt? I doubt very much if it is, and would suggest that the operation with slight modification suggested by Woelfler should be practised. I would

FIG. 1.



Showing present position of union and possible kinking of gut.

FIG. 2.



Proposed position of union of jejunum and stomach.

in another case, should it present itself, fasten the jejunum to the posterior wall of the stomach, either by turning the great omentum and transverse colon up, cutting through the transverse meso-colon, and in this manner stitch the serous membrane of either viscus together, or by dividing the great omentum in front, and so attaching the two. That the operation would be rather more difficult there can be no doubt, but the advantages to be gained are so obvious that I think the extra trouble and time would be fully repaid by the better state in which you place your patient. (See Fig. 2.) First, from the position of the opening in the stomach all food would of necessity pass much more readily into the bowel; and secondly, the natural course of the small intestine would not in any way be interfered with, and kinking would not be a thing we should have to dread.

ON A

PECULIAR ERUPTION OF COMEDONES IN CHILDREN.

BY T. COLCOTT FOX,

PHYSICIAN FOR DISEASES OF THE SKIN TO WESTMINSTER HOSPITAL.

MY acquaintance with the trivial but interesting affection herewith described dates from May, 1882, when two brothers, aged respectively seven and five years, presented themselves in the Skin Department of Westminster Hospital with the peculiar eruption. My attention thus attracted, I began to note other cases at the Children's Hospital to which I am attached, and in March, 1883, I exhibited a typical example to the Dermatological Society of London. My conclusion that the condition was undescribed and neglected, if not quite unknown, was there confirmed. In the following March and in subsequent years Dr. Stephen Mackenzie and others brought forward cases at the same Society, and valuable observations were also recorded in THE LANCET of April and June, 1884, by Dr. Radcliffe Crocker and Mr. Julius Cæsar. What I have to say on the present occasion is chiefly confirmatory of what the latter gentlemen have described.

The comedones, which I may here say are indistinguishable in appearance from those seen after puberty, usually make their appearance in the first place close to the hairy scalp over the centre of the eyebrows on each side of the forehead. The neighbouring follicles, or others at a distance, become plugged, and groups form which tend to extend and join in the centre of the forehead. These comedones in ordinary cases occupy the upper third or nearly half, and in rare cases almost the whole, of the forehead. The lower border of the area involved is usually fairly straight, but may present irregularities. In many cases the comedones extend to the temples, and thence progressively in a strip down the cheek in front of the ear even to the angle of the jaw, or a separate collection may appear over the jaw in front of the ear, and subsequently be joined to the main body. In the hairy scalp they also extend to a variable distance; in ordinary cases over the anterior quarter or third, but occasionally back to the level of the posterior fontanelle, and aggregations may sometimes be observed over the occiput and behind the ears. Such is the usual characteristic and striking distribution of the comedones, but some variations occur. I have seen a few on the lobes of the ears, between the eyebrows, at the angles of the mouth, and over the malar bone. Everywhere the tendency to form aggregations is seen, and the comedones are not disseminated about apparently at random, but almost every follicle over the area involved becomes blocked. As might be expected, inflammation now and then occurs about these plugs, and acneform papules and pustules are produced varying in number and degree according to the state of nutrition of the patient. The acne, however, is generally slight, entirely secondary, and not an essential part of the disease. The affection is a fairly common one, and I have now seen over forty cases. It is especially to be met with at the Children's Hospitals, is not equally prevalent every year, and I have reason to conclude that, like molluscum contagiosum, it comes more frequently under observation in the eastern than the western districts of the metropolis. Certainly it is not absolutely confined to the more crowded parts, as I have seen cases from Wimbledon, Wandsworth, and other outlying districts.

Though, as a rule, isolated cases occur, it is a striking circumstance that several children of a family may be affected, not in succession on reaching a certain age, as we see with the comedones of later life, but concurrently. As with alopecia areata, and molluscum contagiosum, it seems at first sight as if contagion were the explanation, but in the latter affection the evidences for contagion are far stronger. I have seen in two families three of the children affected, aged respectively four, five, eleven, and six, three, and two years, and in two families two children. Mr. Cæsar observed the affection in six children of a family, also in three and two; and Dr. Crocker mentions the concurrent attack of three children of a family and others at a school, but it is not clear whether the latter statement was founded on report or was verified. Mr. Cæsar visited the schools attended by eight out of twenty children, and found very little of the disease; and I have experienced a like failure to trace infection in schools. I have never seen these comedones contracted by the parents or other adults.

In thirty-six cases in which I have noted the *age*, twenty-five occurred in and between the fifth and ninth years, and sixteen cases in and between the fifth and seventh years. I have met with the affection in a child of one year and ten months, in boys of twelve to fourteen years, and in a young man of seventeen years and a half. Generally it may be said to be most frequent from the period of the termination of infancy to about eleven or twelve years of age, though cases are occasionally seen beyond these limits, and this conclusion fits in pretty well with Dr. Crocker's and Mr. Cæsar's observations. Dr. Crocker has included, and I think rightly, the cases of two infants with collections of comedones limited to the face, and I am not sure that the similar aggregations seen occasionally on the faces of older people do not really belong to this category, inasmuch as such comedones are not true sebaceous, but epithelial, plugs. As regards *sex*, the number of cases with which I am dealing is too small for reliable conclusions, but I may point out that of thirty-eight recorded twenty-eight were males and ten females, and I notice that of Mr. Cæsar's twenty cases fifteen were males and five females.

On analysing my cases, I regret that I have not kept uniform accurate notes of the exact time of year when the comedones made their appearance; though, it is not always possible to get reliable information. It would appear, however, that they tend to evolve especially in the spring and early summer, more particularly in the month of March. Thus, in twenty-five cases in which the point is noted, the comedones appeared in nine children in March, and in twenty-one in the period of the year from March to July, inclusive of both months. With the exception of three cases in one family in which it was stated to have begun in September, I note that in my list hardly any cases arose after July until February or March. Apart from the actual beginning of the affection, I find that I seldom meet with cases in the winter months, and I believe I am correct in saying that the comedones tend to disappear in winter. In a case which was under observation, off and on, for three years, I was assured that the comedones entirely disappeared during winter, to reappear in summer, and finally they spontaneously vanished whilst the boy was having a run in the country. Other curious features, which I think may be contrasted with the behaviour of the ordinary sebaceous comedones of adolescents, are the mode of evolution of the lesions and their history. Their evolution may be gradual, but occasionally is surprisingly sudden, and they sometimes disappear and return every few weeks in an unaccountable manner. I have several times noticed this.

I have not been able to associate this eruption with any one condition of ill-health. It is seen in the fair and the dark, in the delicate and apparently robust, though amongst hospital children the majority had rickety heads, or were pallid or sallow, and some belonged to delicate families. It is a curious circumstance that in four of my cases, in members of different families, the eruption was concurrent with alopecia areata, and I need not say I took particular care to be sure that the appearance was not due to plugging of the follicles with ointment. In these cases the comedones either formed in groups on the smooth bald areas or amongst the hair in the periphery.

I have been unable to penetrate the mystery surrounding the cause of this affection, and it will not be profitable on the present occasion to speculate at any length on it. It

appears to me, however, that the plugs differ from the comedones of later life in being formed from the epithelial lining of the follicle, and not from sebum, in various stages of imperfect elaboration. I do not think that mere uncleanly habits or external irritation from confined sweat or linings of head gear will satisfactorily account for their production, albeit the predominance in boys, and exclusive occurrence in hospital patients, though by no means of the dirtiest class, are to be noted. A parasitic cause suggests itself so forcibly that I have carefully sought for such in a great number of the extracted plugs. As might be expected, micro-organisms are to be found, but I have nothing definite to bring forward on this head. I have never found the *Demodex folliculorum*. In the distal end of each of three or four comedones from one case I found a mass of big spores, indistinguishable to my eye from trichophyton. Probably the nutritional defect owns none of these causes.

The *treatment* is very simple. The plugs are easily extracted, and their removal is facilitated and re-formation hindered by the local use of alkaline and stimulating applications, and of these thorough shampooing with soap and water is one of the most efficacious. There is, moreover, a tendency in many cases for the comedones to disappear of their own accord after a few months.

The conclusion arrived at is that in this affection we have to do with an eruption of comedones peculiar in their composition and derivation, and in their site and distribution; in their tendency to grouping and close setting; in their tendency to evolve suddenly, to appear in spring and summer, to come and go, and to disappear in winter; in their occurrence in children, especially of the male sex; and in their tendency to affect simultaneously several children of a family.

ON TRACHEOTOMY TUBES.

By PUGIN THORNTON,

FORMERLY SURGEON TO THE HOSPITAL FOR DISEASES OF THE THROAT, GOLDEN SQUARE.

FOR many years past it has seemed to me to be a regrettable circumstance that there was not a more general consensus of opinion on the form of tracheotomy tube most suitable for use. I will briefly describe and illustrate the various tubes in common request; I will then give a list of surgical instrument makers and dealers in London whom I visited on the 2nd and 27th of last month, and the tube or tubes recommended by them to any purchaser; and lastly I will state what, in my opinion, is the best form of tube to use

FIG. 1.

and my reasons for considering it so. By this paper I hope to draw a general attention to the importance of securing a tracheotomy tube which shall be so universally recognised in this country as the most suitable for the surgeon and the patient that no preference for one tube or another shall arise from the cheapness of the article, or from some localised cause, such as the advice of a friend who has little personal acquaintance with the operation of tracheotomy, or the recommendation of an instrument maker. It is often that a surgeon, who has little knowledge of the different forms of tracheotomy tubes requiring one in a hurry, takes the advice of his instrument maker; and it frequently happens that instrument makers, knowing no single recognised form of tube, recommend one which is by no means the best for their customer to use.

Tracheotomy tubes are made on two principles. One is the quarter-circle shape, as Trousseau's or Bryant's tubes, and Fuller's or Matthews' bivalve; in the other the tracheal end of the tube is at right angles to the shank, as in Durham's, or with a modified right angle, as in Hilton's or Parker's.

Trousseau's tube (Fig. 1) is on the principle of all old quarter-circle cannulæ. It should be represented in the woodcut with an inner tube. Inner tubes were invented by Martin in 1737.

FIG. 2.

Roger's (Fig. 2) improvement on Trousseau's, in making the tube movable on the neck-plate, is carried out at the present day in all forms of cannulæ, whether of quarter-circle or of right-angle shape.

Bryant's tube, by means of a joint in the neck-plate, is

FIG. 3.

made more movable still, but the joint makes it cumbersome. It can be slightly shortened, if required.

On this quarter-circle principle the bivalve cannula (Figs. 3 and 4) now known as the bivalve or Matthews' tube (with a ring in place of the solid shield-plate), an

FIG. 4.

improved form of Fuller's, like Liston's, is made. Curiously, it appears, it is in constant use at St. Bartholomew's Hospital, notwithstanding the warning given some years ago by one of its surgeons, Mr. Howard Marsh, of its aptitude in

causing fatal hæmorrhage by reason of the sharpness of the edges of its outer cannula. It is maintained by some that this tube is easily passed into the trachea. Forceps have been made (Mr. O. Sankey) to pass through slits in the shield, and so squeezing the bivalves together to facilitate

FIG. 5.

its passage through the tracheal opening. Instrument makers say that this tube, excepting the one on the old form of Roger's pattern, which costs about the same, is the cheapest kind of tube they sell.

Hilton's (Figs. 5 and 6), the first, I believe, made of right-

FIG. 6.

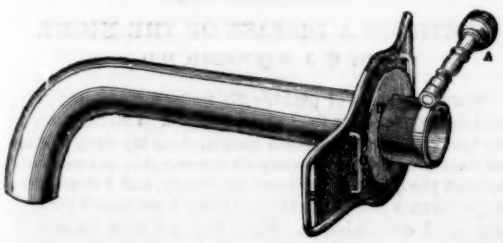
angle shape, was brought forward about twenty-five years ago by the celebrated surgeon of Guy's Hospital.

Mr. R. W. Parker first made his tube very similar to Hilton's. He has now the tracheal portion still more at a

FIG. 7.

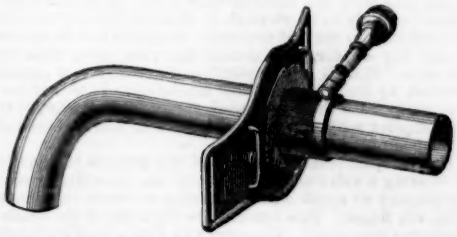
right angle. (Fig. 7.) The upper wall of the inner cannula of this tube has largely to be cut away (not so much as the lower wall of Hilton's inner tube, Fig. 6), or it would not pass the angle in the outer cannula.

FIG. 8.



Mr. Durham, another Guy's Hospital surgeon, who invented a most serviceable tube, brought out his instrument (Fig. 8) in 1869. By means of a screw in the necklet of the outer cannula of this tube the shield can be pushed backwards or forwards, and the tube altered to the length required (Fig. 9)—undeniably a most useful circumstance at the

FIG. 9.



time of performing tracheotomy. Its inner cannula has to be made in rivetted segments (Fig. 10), otherwise it could

FIG. 10.

not be made to pass to the end of the outer right-angled cannula. This inner cannula projects, as in all forms of

FIG. 11.

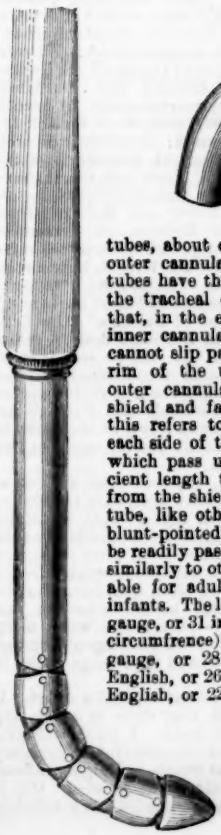
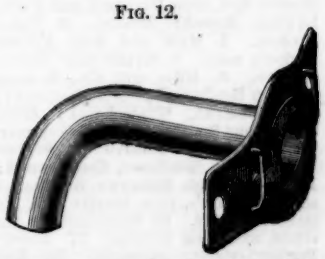


FIG. 12.



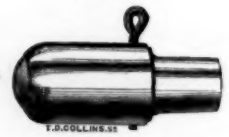
tubes, about one-tenth of an inch beyond the outer cannula. Properly made right-angled tubes have the orifice of the outer cannula at the tracheal end very slightly narrowed, so that, in the event of the end segment of the inner cannula breaking off, the broken piece cannot slip past and fall into the trachea; the rim of the upper end everted, so that the outer cannula cannot slip away from the shield and fall into the trachea; also—and this refers to all tubes—the projections on each side of the necklet of the outer cannula, which pass under the shield, made of sufficient length to prevent the cannula slipping from the shield into the trachea. Durham's tube, like others, excepting the bivalve, has a blunt-pointed trocar (Fig. 11), to enable it to be readily passed into the trachea. It is made, similarly to others, in four different sizes, suitable for adults, young people, children, and infants. The largest is 19 in English œsophageal gauge, or 31 in French gauge (31 millimetres in circumfrence): the second size, 17 in English, gauge, or 28 millimetres; the third, 15 in English, or 26 millimetres; the smallest, 12 in English, or 22 millimetres. A few days after tracheotomy has been performed a permanent Durham's tube (Fig. 12), with or without inner cannula, can be made to measurement.

That very admirable cannula, Morrant Baker's rubber tube,

nowadays, after the first few days of tracheotomy, takes the place of the silver instrument. It is made throughout its whole length with a mid layer of webbing, so that there is no fear of it suddenly breaking off short. As every tube after the third or fourth day of tracheotomy is taken out daily to be cleaned, so Morrant Baker's can daily be examined to see if it is sound. It should last for months, I may say a year, and should not cost more than four shillings. This is a tube which adds greatly to a patient's comfort by its lightness and flexibility. It is not to be recommended if there is excessive tracheal discharge, as it is not supplied with an inner cannula, or in cases where there is ossification of the cartilages.

Rather apart from the subject of this paper is the question of wearing a valve on the outside of the cannula, to enable the patient to speak without having to block the cannula with his finger. This can only be worn when the tracheal discharge has ceased. There are two kinds, Luer's pea valve, shown in Fig. 13, and Mr. T. Smith's indiarubber valve. Some patients like them, others do not.

FIG. 13.



P, pea.

In visiting the following surgical instrument makers and dealers, I asked for the tracheotomy tube they recommended, and in each case, after being shown a tube, informed them for what purpose I had come. Everywhere I met with the utmost courtesy:—1. Frederick and Co., Lambeth-palace-road: Bivalve first, then Durham's and Parker's. 2. Millikin and Lawley, Strand: Bivalve. 3. Weiss and Son, Strand: Bivalve. 4. Maw and Son, Aldersgate-street: Bivalve, Parker's next. 5. Evans and Wormull, Stamford-street: Bivalve. 6. Hills and Co., Newcomen-street: Hilton's. 7. Down Brothers, St. Thomas's-street: Durham's. 8. Krohne and Sesemann, Whitechapel: Hilton's and Durham's. 9. Stephens, Smithfield: Bivalve or quarter-circle. 10. Arnold, West Smithfield: Bivalve. 11. Ferguson, West Smithfield: Bivalve. 12. Matthews, Carey-street: Matthews' Bivalve. 13. Baker, High Holborn: Bivalve. 14. Coxeter, Grafton-street: Parker's, then bivalve. 15. Pratt and Co., Oxford-street: Bivalve. 16. Weiss and Son, Oxford-street: Quarter-circle, and then bivalve. 17. Mayer and Meltzer, Great Portland-street: Durham's. 18. Krohne and Sesemann, Duke-street: Parker's. 19. Hawksley, Oxford-street: Bivalve (Matthews'), then quarter-circle. 20. Wright, New Bond-street: Bivalve or quarter-circle. The following remarks were made on the bivalve—"Cheapest and most in request," "We sell 100 of the bivalve to one of Parker's." One firm, well known to me, recommended Durham's and no other, "but will sell you what you like." It will be seen that at these twenty shops the bivalve is recommended fifteen times, in three of the fifteen it being the first choice, and in seven the only one selected; Durham's and Parker's are divided equally between eight shops, two of the four in each case being first choice; Hilton's recommended at two places, and quarter-circle at four.

In so many tubes I noticed an elliptical piece cut out of the top of the tracheal portion. It is done with the idea of allowing air to pass to the vocal cords. This is totally unnecessary, for air can always pass by the outside of a tube sufficient for talking and respiration, even when the lumen of the larynx is restored, and the cannula is worn blocked by a cork. This elliptical opening often does harm, for the tracheal mucous membrane is apt to be sucked in and injured by its sharp sides. It is only useful when using laryngeal dilators, or for passing an instrument through when tracheotomy has been performed for foreign bodies in the larynx.

Some instrument makers recommend vulcanite tubes. If the walls are not made so thick that there is hardly any canal left they are very likely to break. I think vulcanite should be altogether discarded as a substance for tracheotomy tubes. Certainly that pretty, but fragile and highly inflammable stuff called celluloid should never be used. One of the instrument makers highly recommended me a celluloid cannula.

To my mind, of all these tubes in present use there is none to beat Durham's right-angled one. (Figs. 8, 9, 10, 11, 12.) It is the right shape—to wit, a straight piece for the wound, with a short piece at right angles to drop into the trachea without touching the back wall of the trachea. It is the easiest to insert. Then, again, no other tube can be lengthened or shortened according to the depth the trachea is found to be at the time of operating—a value that cannot be overstated. It has one great fault, but only one. The inner cannula from being made in rivetted segments is rough for half its interior, and so retains mucus more than it would were it smooth. But this roughness does not prevent its being easily pulled out for cleaning, if not left in for an inordinate length of time, as is quickly the case with Hilton's or Parker's inner cannulæ. These inner tubes, from being so much cut away, allow the tracheal discharge very soon to glue them tightly to their outer tubes. I think Durham's tube might with service be made slightly longer in the tracheal portion. I know of no plan for the improvement of the inner cannula. The double woven wire tube will not answer.

Parker's latest instrument (Fig. 7) is the next best, it seems to me, to Durham's. But it wants three improvements, two of which are very important ones: a facility for lengthening or shortening, a continuous inner tube, and an absence of the catch for holding the inner tube in place. This catch, so readily becoming clogged with discharge, will not often easily unfasten to allow the inner tube to be withdrawn, perhaps at an urgent moment.

The bivalve cannula (Figs. 3 and 4) I have an absolute horror of, with its cutting edges and quarter-circle shape. Though it appears to be the most common in use, I am confident it ought to be at once discarded for ever.

I think the same of the tube made in quarter-circle shape (Fig. 14). This and the bivalve are the tubes served out

FIG. 14.

by Government to the army and navy and all institutions under its management. It has, with the bivalve, the recommendation of being less expensive than other tubes, but the irritability it often sets up in the windpipe by tilting against the back wall of the trachea utterly destroys any other value it may have. This tilting is due to its quarter-circle, or curved-all-the-way, shape. Of course to Government, as well as to ordinary purchasers, expense must be a question, but if Durham's tubes were used for the first few days after tracheotomies, and then Morrant Baker's made the permanent instrument, the expense would come to no larger an item, for then Durham's tubes would last much longer.

PHTHISIS A DISEASE OF THE NIGHT.

BY R. J. SHEPHERD, M.D.

SOME fifty cases of phthisis die under my care annually, and have done so for the last dozen years. I do not pretend to have studied the question deeply, since my daily routine of duty absorbs pretty nearly all my energies, but naturally enough the question interests me deeply, and I should like to jot down a few of the thoughts that have passed through my mind concerning it. They may not even be new in themselves, but at least they will bear the impress of the mind through which they have passed, and they may serve to strike some sparks from brighter intellects. Phthisis is a subject of such vast importance that I feel no apology

is needed for even the smallest contribution, either to our knowledge of the subject or to our way of looking at the knowledge we already possess. It is with the latter alone that I shall attempt to deal.

I think that it will be admitted as an established fact that constantly recurring irritation of the air-passages, however brought about, is sufficient to cause phthisis. This is well exemplified in the phthisis of workmen, millstone makers, &c. But I do not know if it will be so readily admitted that constantly recurring irritation of the air-passages is the whole and sole cause of phthisis. This is my opinion: *Irritation* is the *cause* of phthisis. There are various degrees of susceptibility, and it is important to notice that what will irritate one pair of lungs will not necessarily irritate another. Now, it seems to me that if we can thus narrow down the cause of this terrible scourge to a single word a most important point has been gained.

We all know how much hereditary taint, diathesis, and the general surroundings of an individual have to do with the form and progress of the disease. But it seems to me that all these, and even the dread bacillus itself, play their part after the disease has begun. The starting-point being, as I have before said, irritation, people predisposed to phthisis will get it if their lungs be exposed to constantly recurring irritation; otherwise they will escape. If it be allowed that I have gained my point, I think I can make another. I can, metaphorically speaking, put my finger on the constantly recurring irritation to which the vast majority of phthisical patients owe their disease. It is simply *cold air breathed at night.* Not that cold air in itself seems to be an irritant. If the patient breathed air as cold by day as by night, it would, I believe, be harmless. It is the change from warm air by day to cold air at night that does the mischief. Lungs predisposed to disease are compelled to accommodate their capillary circulation night after night to a temperature ten, twenty, or thirty degrees below that which they have enjoyed by day. This happens, too, when all the sensations are in abeyance, and they are no longer under the protecting influence of the will. In the early morning, when sleep is deepest, the air is coldest, and probably the mouth is wide open, so that the poor lungs have not even the protection of the nasal chambers. Lungs so exposed never get an opportunity to recover their tone. A slight cold perhaps starts the mischief, and then this constantly recurring irritation slowly but surely does its work. If the air be close, and septic as well as cold, matters are rendered thereby so much the worse. The secretions become vitiated, and bacilli begin to swarm. The truth of my proposition seems to me to be abundantly proved by the behaviour of patients who are transported to an equable climate. Other things being equal, the more equable the climate the better the results. Patients do well in Australia, where the climate is more equable; they do better still at Davos, where the climate is still more equable; and perhaps best of all in some of the African steppes, where the climate is both equable and genial. To my mind, this is demonstrated with the exactitude of an experiment. If people with undoubted phthisis do get well and remain well whilst in these climates, the cause of their disease must be sought elsewhere than in heredity, diathesis, and bacillus, all-important as these may be in the course and progress of the malady. Conversely, I believe that there are certain favoured climes where phthisis is unknown. But let us transport one of their inhabitants, whether man or beast, to this or a similar climate, and it is well known that they are almost sure to die of phthisis. Does not the very course of the disease, as so ably explained to us by those who have made it their special study, seem to point to an ever-recurring irritation of feeble intensity—the gradually progressive mischief downwards from apex towards base? One can almost picture the brave little cells repairing the breaches by day that were made by night, and opposing, millionth of an inch by millionth of an inch, the onward progress of the foe; the thousand conceivable accidents that may occur, explaining why one pair of lungs should succumb sooner than another. Dr. Fagge, in his Principles and Practice of Medicine, places as the foremost cause of phthisis "*the habitual breathing of air rendered impure by overcrowding and defective ventilation.*" But overcrowding and bad ventilation are not sufficient to account for phthisis, or it would surely be rampant in the native huts of Iceland, and other cold countries, where overcrowding is common, and ventilation, as we understand the term, is a sheer impossibility. Dr. Fagge says: "One would hardly send a patient with phthisis to Iceland, yet the natives escape the disease." If their huts were as warm as our houses by day, and as cold as our bedrooms by night, I believe that phthisis would very soon make its appearance among the Icelanders. I well remember the shudder, which recurs as I write, with which many years ago I read Dr. MacCormack's description of his bedrooms at night—"As cool and breezy as the adjacent hills." I believe that it is a fact that he did not succeed in warding off the dread disease. His theory was that phthisis was caused by breathing pre-breathed air. Hence he would have none of it. He was keen enough to perceive that the air at night had much to do with it, but he missed the essential point—viz., that phthisis is induced by the constantly recurring irritation caused by breathing air *colder* at night than by day. It is well known that those who live most in the open air are the least likely to suffer from phthisis. Why? Simply because their lungs are so accustomed to cold air that they are not irritated by it at night. Phthisis is a disease of the night. It is so simply because we inhabit hot rooms by day and cold rooms by night, and many lungs find it more than they can do to accommodate themselves to the constantly recurring change in the temperature.

It will be obvious that my theory has a very practical bearing. If it should lead the profession, and the public through them, to pay proper attention to the due warming of our bedrooms at night, and all night long, especially in all cases of diseases of the chest, I shall not have written in vain. If through this simple precaution it should be found that phthisis in this country may thereby be stamped out in the course of a few years, then my humble name would perhaps deserve to rank with even that of Jenner. I fully believe that if some means whereby a continuous supply of pure warm air could be given at night to those threatened—ay, and to those actually suffering—with phthisis, we should in the course of a very few years find that phthisis was as rare in England as in Egypt or Iceland.

CIRSOID ANEURYSM; EXCISION; RECOVERY.

BY G. A. WRIGHT, B.A. OXON., F.R.C.S. ENG.,
ASSISTANT SURGEON TO THE MANCHESTER ROYAL INFIRMARY, ETC.

MRS. L——, aged twenty-nine, was admitted under my care into the Royal Infirmary on Nov. 2nd, 1887. She was a healthy woman, and gave the following history. When fifteen or sixteen years old, while combing her hair she scratched a little "pimple" on her head, and made it discharge a small quantity of watery fluid. Soon afterwards a swelling appeared, and gradually increased in size until she was twenty-four years of age, at which time she married. During her first pregnancy the swelling increased much, and at the birth of the child was as large as a thimble. There was then no pain, but pulsation, which had been felt slightly before, increased. Menstruation had no effect upon the swelling, but each pregnancy (she has four children) seems to have accelerated the rate of growth of the aneurysm, and it became painful. Both pain and swelling had increased rapidly of late. On admission there was a swelling in the left occipito-parietal region of the size of a goose egg. It was spongy to the touch and pulsated. The tumour could be partially emptied by pressure, and apparently contained one or two coagula; a soft bruit could be heard in it. Over the most prominent part of the aneurysm the skin was red, and enlarged vessels were to be seen in it. The occipital artery, much enlarged, could be felt running into the tumour, and on compressing this vessel all pulsation ceased, and the swelling diminished in size and became softer. The patient complained of occasional shoots of pain and of a constant burning sensation. The aneurysm was considerably larger than when it was first seen in the out-patient room a fortnight previously. Besides the occipital, another large vessel—the posterior auricular (?)—appeared to feed the growth. On firm compression a well-defined hard rim could be felt surrounding the base of the mass. The measurements were as follows: Greatest transverse diameter, 4½ in.; greatest longitudinal diameter, 5½ in.; circumference, 11 in.; greatest elevation above the scalp level, 1½ in. On Nov. 7th a curved incision was made below the posterior part of the tumour with the intention of tying the occipital artery, but no well-defined vessel could be found at this spot. An

aneurysm needle was passed beneath the line of pulsation, but apparently really this transfixed an outlying part of the growth. As, however, pressure at this part arrested pulsation almost if not quite completely, a ligature was tied round the included mass of tissue, and after securing a few smaller vessels the wound was closed, and a large specially adapted truss was applied over the dressings to compress the aneurysm. The pressure of the truss was, however, so painful that it was removed by the house surgeon in the evening. On the 8th the truss was padded and reapplied. On the 9th the scalp was œdematous, probably as a result of the truss pressure, and pads of wood wool and a capeline bandage was substituted for the truss. The general condition of the patient was very good. The treatment was quite ineffectual, and the aneurysm was increasing in size, so on the 17th two long pins were passed at right angles to one another beneath the base of the mass, and an elastic ligature was wound round them; the whole mass was then readily excised. On removal of the elastic ligature there was free bleeding for a moment or two, but the vessels were quickly ligatured and some oozing that remained stopped by the actual cautery. The main vessel of supply (occipital) was fully as large as, or larger than, the femoral artery of an adult; as this pulsated very freely and was dilated beyond the line of excision, the wound was prolonged

backwards, the skin reflected, and ligatures passed round the mass of tissue containing the vessel. The main part of the wound was left open, dusted with iodoform, and dressed. The subsequent course of the case was uneventful; the wound healed somewhat slowly, and its progress was delayed by the gradual coming away of the silk ligatures, which caused some suppuration. The woman was able to leave the hospital on Dec. 25th, and the wound was soundly healed by the latter part of January. She is now quite well, free from pain, and there is neither swelling nor abnormal pulsation.

The case is a typical one of the circumscribed variety of cirsoid aneurysm or cavernous angioma. Its vessels of supply were few, but very large and very thin-walled, the occipital artery being its main feeder.[1] It was no doubt well suited to the treatment adopted of complete excision, which was more radical and less dangerous than ligature of the external carotid. The variable rate of growth, its rapid increase of late, its association with pregnancy, and the effect of the first slight injury are noteworthy. The accompanying sketch by one of our house physicians (Mr. Bury) gives a good idea of the aneurysm; to him, and to Mr. Bannister (the house surgeon) and Mr. Hitchen (the dresser), I am indebted for help in recording the case.

[1] The specimen is in the museum at Owens College, but the injection is not a successful one.

THE trial of Dr. Middleton, who, it will be remembered, shot a Spanish gipsy who was attempting to rob him, will take place at Cordova on the 7th inst.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Prœmium.

ST. MARY'S HOSPITAL.

ACUTE TRAUMATIC TETANUS; RECOVERY; REMARKS.

(Under the care of Mr. EDMUND OWEN.)

IN this case, an example of the acute form of the disease, the best possible result was obtained by the use of morphia in large quantities. To the fact that the patient was kept constantly under the influence of the drug, whilst due regard was paid to the administration of suitable nourishment and the patient kept thoroughly quiet, Mr. Owen ascribes the recovery of the man. The following is an epitome of notes by Mr. R. H. Cole, dresser.

W. M——, aged thirty-six years, a carman, a smallish man, was admitted on Dec. 5th, 1887, for injury to the right leg from a crush received the day before. There were contusion of the skin and extravasation of blood about the inner border of the right tibia, at the junction of its upper and middle thirds. Fracture was at first suspected, and the limb was put up in a box splint.

Dec. 14th.—During the last few days the part has been inflamed, and a large dark bulla has appeared and burst. Temperature 100·6°. The man was put under ether, and the part examined. The sloughing skin was removed, with much disintegrated clot. No fracture could be detected; the periosteum was found to be stripped from the bone for a couple of inches. The wound was dressed with boracic fomentations.

16th.—Wound looking better. It was syringed out daily with lotio hydrarg. perchlor. (1 in 1000), and dressed with mercuric chloride wool and iodoform.

20th.—This morning (sixteen days after injury) he complained of stiffness about the lower jaw and back of the neck; the masseters and platysma were somewhat rigid and the angles of the mouth pulled outwards and downwards. The lips and tongue were dry; he complained of thirst.

21st.—Last night he had cramps in the right groin and extending down to the knee. On his being touched the pain was aggravated, and he had a general spasm, during which the abdominal muscles were hard. A quarter of a grain of morphia sent him to sleep. During the day the spasms in the right groin were less frequent, but his face was more distorted, and he could only open his mouth for half an inch.

22nd.—Early this morning he had a slight general paroxysm, with expiratory groanings. He was evidently in great pain. His neck was very rigid, and the abdominal muscles were extremely tense. The man was greatly depressed, crying at intervals. The bowels were obstinately constipated. He still complains of thirst. He was kept well under the influence of morphia; he had altogether two grains and a quarter injected subcutaneously during the day. He is well fed up with nourishing liquids and stimulants. Wound doing well.

26th.—He has been better since last note; he is kept constantly dozing under the influence of morphia. This morning when he woke up his jaws closed spasmodically, and he bit his tongue severely.

27th.—Patient worse; the spasms are most marked about the right (side of injury) thigh, and are very intense. Abdominal muscles especially tighten up the moment he awakens out of sleep, but they are always in a state of contraction. Still kept under morphia, and screens kept round the bed, which is in the quietest corner of the ward.

28th.—He complained of spasms in the back for the first time. Respiratory muscles do not seem affected.

30th.—There was marked opisthotonos; pillows were placed in the arch of the back to ease the lordosis. Left arm had spasms; the deltoid was hard.

31st.—He had been in great pain during the night, crying and groaning, and he was in agony during the dressing. He was absolutely as stiff as a plank. Still much constipated. Sweats a great deal.

Jan. 3rd.—Spasms very severe early in the morning, but were eased by morphia as usual. Pulse weaker. He had been wandering the last few nights. Temperature 99·8°. Abdomen still as hard as a board. Urine normal.

4th.—A sudaminous rash has appeared on the forehead and trunk. The patient is better.

7th.—Sardonic grin not so marked. Spasms less in intensity and duration, but they were still produced by shaking the floor or bed.

11th.—Morphia lessened; he was taking only a grain and a half per diem on the average.

16th.—Only occasional spasms in right knee. Abdominal muscles relaxed. Lower jaw more movable.

19th.—Spasms now only come on as the effects of morphia are passing off. Fingers of left hand festering. Only three-quarters of a grain of morphia per diem lately. Wound scabbed over.

22nd.—The man was reading the newspaper, but he was still too rigid to be bent into the sitting posture. Knees would not bend with all the force which one could apply.

28th.—No spasms for the last week. He could be bent a little, and was propped up in bed. He had temporary retention of urine, which yielded with fomentations. Half a grain of morphia to-day.

Feb. 3rd.—Sat up in a chair to-day, though he was still very stiff. No morphia since last note. Has had altogether fifty-two grains of morphia subcutaneously.

10th.—Stiffness going off, except in the right knee. Able to stand alone. Had been taking solid food for a week, and on the 20th he was able, though stiff, to walk.

On March 7th he was apparently quite well, though stiffish and weak; he was waiting to be sent to a convalescent home.

Remarks by Mr. OWEN.—Interest in the subject of acute traumatic tetanus has lately been specially awakened by the masterly and learned essay of Mr. William Anderson, in THE LANCET of Feb. 4th. Out of a considerable number of cases of this disease which I have had under various plans of treatment, that recorded above is the only one which has recovered. It may possibly be suggested that as the first symptoms were not manifested until the sixteenth day after the receipt of the injury, the disease was not of the typically severe form. But those who witnessed the man's intense and distressing spasms and opisthotonos, who saw his face and chest bathed in perspiration, and felt the masseters and the muscles of the abdomen, thighs, and legs, and the left deltoid as hard as wood, could have but one opinion on the matter. The man had at least one attack of spasm of the respiratory muscles, which was near proving fatal, and his case for one or two days seemed wellnigh hopeless. After having told him, as we deemed it right, of the gravity of his condition, we determined to give a thorough trial to a drug of known and powerful therapeutic value, and my instruction to the house surgeon, Mr. Callender, was that the man was to be kept constantly under the toxic effect of morphia, given subcutaneously. This was carried out most zealously, for as soon as the man began to come round a fresh subcutaneous injection was given. It was noticed that, as the effect of a dose wore off, the spasms were always intensified. A heavy tread upon the floor, or a slight shake of the bed from any other cause, also brought on an attack if the man were awake, although he might be drowsy from the morphia. His wakeful intervals were used for administering champagne, brandy, meat-juice, or eggs and milk. The rigidity of the abdominal muscles rendered action of the bowels impossible without the aid of copious enemata. Though one cannot actually affirm that the happy issue of this case was due to the morphia, still those who watched the effect of the drug upon the course of the disease have little hesitation in concluding that without it the rest of the treatment would have been of little avail. One is well aware that the use of this drug has been followed by disappointment in numberless cases of acute traumatic tetanus, but it would be extremely interesting to know in what proportion of them the patient had been kept almost continuously under its toxic influence.

MANCHESTER ROYAL INFIRMARY.

CEREBRAL TUMOUR; OPERATION.

(Under the care of Mr. F. A. HEATH.)

For the following notes we are indebted to Mr. F. C. Bury, house physician.

The patient, aged twenty years, poulterer by trade, entered the Manchester Royal Infirmary, under the care of Dr. ROSS, on Sept. 8th, 1886, complaining of being subject to fits, of great headache, and of weakness in his left arm and leg. He was many weeks under medical treatment, and as he was of intemperate habits it was deemed prudent to give him energetic antisyphilitic treatment, although he always denied having been infected. His occupation caused him to be exposed to all kinds of weather; nevertheless, he appears to have enjoyed good health, with the exception of some headache, until three years ago. There was nothing of any special interest in his family history. When about six years of age he had a fall on the flags which stunned him, and again, the day before Christmas, 1886, he had a fall on his right temple, and the next day found he had lost the sight in his right eye. He has been a pretty heavy drinker. His first epileptic attack occurred about Christmas, 1883, and since this time he has had many of these attacks, though sometimes an interval of two months would elapse between them. During the fits he has distinct recollections of his left arm being drawn up, and also his head being drawn to the left side. He describes his headache as being constantly present, and places his hand flat on the crown of his head when he wishes to describe where the pain is situated. This pain, he has noticed, is worse after any unusual exertion, and also troubles him more in the early hours of the morning, about 4 or 5 A.M., than at other times.

On admission, the patient had a fairly healthy aspect, but did not seem to be very intelligent. When first he came under Dr. Ross, atrophy of the optic disc on the right side and commencing atrophy on the left were found on examining the eyes opthalmoscopically. He could not smell camphor with the right nostril, but could with the left. His face appeared to be somewhat drawn to the right side, and the distortion was still more apparent when the patient laughed or endeavoured to show his teeth. The left arm was distinctly weaker than the right one. He could only send the dial of the dynamometer through fifteen divisions on the left side, as compared with thirty on the right. The left leg was also much weaker than the right, he himself having often noticed that he limped with it, and that it got tired before the right. There was no anæsthesia anywhere. The calf of the left leg measured eleven inches and a quarter, and that of the right eleven inches and a half. These symptoms might be accounted for by disease situated on the right side of the brain. Since the head, arm, and shoulder on the left side were convulsed during a fit, it was inferred that the upper part of the ascending frontal convolution on the right side of the brain was implicated in some way. Then, again, since the later attacks always began with unconsciousness, Dr. Ross concluded that the mischief was situated somewhere anterior to the ascending frontal convolution and pressed back on the motor centres. Loss of smell on the right side likewise favoured this conclusion. This opinion was further confirmed by the fact that there was a spot, tender on percussion, about an inch and a half behind the external angular process of the frontal bone and two inches up from the zygoma.

Operation.—On Oct. 13th, 1886, the patient was transferred to the surgical wards, and Mr. Heath trephined over this tender spot, raising the skin by means of a flap, with its convexity backwards. The pericranium was divided by a crucial incision, and scraped away from the bone; the trephine was then applied with the point over the tender spot, and a circle of bone about the size of a florin removed. The dura mater immediately bulged up into the wound, and on being divided exposed brain matter, which was of a darker colour than normal. This was cut into, when it was found that the growth was further forward, so more bone was removed by means of nibbling forceps. More dark and congested brain was exposed, and on cutting into this a deeply seated, somewhat lobulated tumour could be felt extending still further forward than was anticipated. It was likewise firmly fixed to the base of the anterior fossa, and accordingly it was determined to abandon the operation, and the flap was stitched down and a drainage tube inserted. The operation was performed with antiseptic precautions, and the wound was dressed with antiseptic gauze and wood-wool pad.

Oct. 14th.—The patient seems well, the temperature is normal, and the wound on being dressed looks healthy. Urine: sp. gr. 1028; contains urates.

15th.—Wound again dressed and the tube removed. The patient complains of some headache, but is otherwise well.

16th.—Patient rather drowsy. Temperature 99·4°. Appetite good. A cerebral hernia is seen to be protruding through

the upper part of the canal left after the removal of the tube. There is also considerable swelling under the whole of the flap, and some tumefaction down the side of the neck.

20th.—The head was dressed yesterday and again to-day. There is a considerable hernia pressing up under the flap; part of it was squeezed out yesterday, but none could be removed by pressure this morning. The skin wound has almost united by first intention. Patient rather weak, but says he has less headache now than before the operation.

27th.—The patient eats and sleeps well. The swelling under the flap seems less tense this morning. He can read small print fairly well, and has regained a considerable degree of motor power.

Nov. 20th.—The sight in his left eye, which has seemed to be gradually failing, is now almost lost, the patient being scarcely able to distinguish fingers held before his eye.

22nd. — His left eye was examined by means of the opthalmoscope, and the disc was found much paler than normal, and fewer bloodvessels were to be seen; it did not, however, look so white as the right disc, but certainly showed more atrophy than when first examined on Sept. 8th.

25th.—Can now move the dynamometer through 40° with the right hand, 15° with the left.

Dec. 15th.—The patient has been at the Cheadle Convalescent Hospital, where he had his first attack of convulsions on the left side about a week ago. He cannot see at all with the right eye, and with the left he can just distinguish light from darkness. The swelling over the seat of the operation measures about three inches and a half from behind forwards, and two inches in the vertical direction.

Nov. 11th, 1887.—The patient was seen again to-day, thirteen months after operation, when his condition was as follows: The seat of operation presents a soft, fluctuating swelling of considerable size, which causes pain on being pressed. The pupils are dilated, while the sight of the right eye is lost, and the patient can only just distinguish light from darkness with the left eye. Can smell camphor with both nostrils. The left arm is still feeble, and the tendon reflexes at the wrist are much more lively on the left than on the right side. The patient complains of weakness in the left leg, but he walks very well. The patella tendon reflex is also more lively on the left side than on the right. Patient looks in very good health; he has quite a fresh colour in his cheeks, but of late he has been a good deal troubled with headache. The epileptic attacks have also returned with greater frequency.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.

PERFORATING ULCER OF THE STOMACH IN A MALE AGED TWENTY-ONE; REMARKS.

(Under the care of Mr. VINCENT JACKSON.)

FOR the following report we are indebted to Mr. J. Harley Gough, house surgeon.

J. S——, aged twenty-one, a groom, was admitted into the hospital on April 25th, 1887, and gave the following history of himself. Yesterday evening, when drinking some "pop," he was suddenly seized with severe pain in the abdomen, which was excruciating, and made him collapsed and faint. He has vomited several times, and has neither passed fæces nor flatus (per rectum) since. The pain and symptoms have not abated in severity since the commencement. He says he has always been healthy, but had at times complained of pain at the pit of the stomach during the past two years.

On admission the patient was very collapsed and cyanosed. The pulse could not be felt at the wrists, and the breathing was rapid and shallow. He complained of severe abdominal pain, referred to the umbilical region, and lay on his left side with the legs drawn up. The abdomen was extended, tympanitic, and no liver dulness could be made out on percussion. The tongue was furred, but moist. He had a left inguinal hernia, which was easily reducible. The patient was put to bed, with hot bottles &c., and a quarter of a grain of morphia given hypodermically. He soon expressed himself relieved, but shortly afterwards turned round and died suddenly.

Necropsy.—Body well nourished. Rigor mortis strong. On opening the abdomen the peritoneal cavity was distended with gas, and a quantity of yellow feculent-looking fluid was found in the pelvis and amongst the coils of the intestines. There was extensive recent peritonitis. The upper portion of the intestines was filled with gas as far as the lower third of the ileum, the remaining portion being collapsed. There was no external obstruction to the bowel anywhere. On removing the stomach and intestines, a deep circular perforated ulcer, about the size of a sixpence, was found on the posterior and inferior surface of the pylorus, the base of which had thin and serrated edges. The rest of the mucous membrane of the stomach was healthy, and nothing abnormal was found in the intestines. The other organs were healthy.

Remarks.—This case is interesting, for the symptoms at first sight were not unlike those of an acute intestinal obstruction. It was clear that the hernia was not the cause of the symptoms. The distension and tympanites of the abdomen, together with the absence of the area of the hepatic dulness on percussion, showed that there was gas free in the peritoneal cavity, and therefore indicated a rupture of the bowel or stomach. The previous history of the pain at the pit of the stomach, and the sudden onset of the symptoms when drinking an effervescent drink, pointed to a rupture in the walls of the stomach or upper part of the small intestine, with effusion of the contents.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Intestines in Diphtheria.—Anatomical Relations of Chronic Joint Disease.—Cyst in Heart.—Subglottic Sarcoma.—Epithelioma of Larynx.—Intra-tracheal Carcinoma.—Mediastinal Sarcoma.—Cystic Kidney with Calculi.

AN ordinary meeting of this Society was held on April 3rd, the President, Sir James Paget, F.R.S., in the chair.

Mr. W. S. COLMAN related three cases of Diphtheria in children whose death occurred after from three to five days' illness. In all there was typical membrane in the fauces and larynx, and death occurred from extension into the smaller air-passages; in only one case was there diarrhœa. In all three cases there was generally enlargement, and hyperæmia of Peyer's patches throughout the small intestine, both the naked-eye and microscopic appearances being those of the first week of typhoid. The mesenteric glands were also acutely swollen, and microscopically showed inflammatory changes. The spleen was not enlarged in any of the cases. Similar changes were described in diphtheria by Dr. Greenfield in 1875 and recently in THE LANCET by Oertel, and also in scarlatina by Drs. John Harley and Greenfield.—Dr. WILKS said that in studying the acute specific fevers it was necessary to know what were the changes common to them all, and what were the peculiarities of each. Most of them were characterised by the appearance of a rash, with visceral congestions; in scarlatina the agminate glands were much enlarged; in cholera and anthrax Peyer's patches and the solitary glands were greatly swollen, and Vandyke Carter had described similar changes in malarial fevers.—Dr. COUPLAND had observed the swollen Peyer's patches in diphtheria, but had not seen them proceed to sloughing. Bizzozero had shown how prone the lymphatic structures were to diphtheritic poison, and Oertel had suggested that the intestine became secondarily involved by the patient swallowing false membrane, and tubercular ulceration of the intestine was commonly accounted for in the same way. On the other hand, it was quite conceivable that the condition was merely part of a general systemic poisoning.—Dr. NORMAN MOORE referred to the varieties of typho-malarial fever so common in the United States, and said that similar cases had occurred during the Soudan campaign, in which patients dying of a fever resembling malaria were found to have ulceration of Peyer's patches. Such cases were explained if it could be shown that intestinal ulceration might be incidental to various febrile diseases.—Mr. COLMAN said that there was no ulceration in his cases.

Dr. NORMAN MOORE showed specimens illustrating some Anatomical Relations of Chronic Joint Disease. The first was a knee joint from a case of gout in a man aged forty, showing a deposit of urate of soda in part of the synovial fringe. Deposit in that situation was rare, the commonest regions being the articular surface of the patella and the

inter-condyloid groove of the femur, next the condyles, then the semilunar cartilages, and last the surface of the tibia. The patient had granular kidneys and a hypertrophied left ventricle, with well-marked emphysema of the lungs. In the synovial fluid of both knees and ankles there was a floating deposit of urate of soda, and the fluid itself was thicker than natural. Besides the knees and ankles, several joints of the foot showed deposits of urate of soda, but there were none in the hands or shoulders and none in the hip. Dr. Moore then showed knee joints from two cases of cirrhosis of the liver showing degeneration of cartilage, erosion, eburnation, and lipping, from a male patient aged sixty-seven, and from a female aged sixty-one. This condition, greater or less in degree, was the common one in the joints of patients with cirrhosis of the liver. Of twenty-four cases of the latter affection urate of soda was found in only three, whilst twelve showed these degenerative changes.—Dr. HADDEN had carefully examined the joints in cases of cirrhosis, and had found deposit in them very rare. The result of necropsies seem to show that alcohol did not commonly lead to joint deposits.—Dr. WILKS said that in the majority of cases of hepatic cirrhosis there was no renal disease.—Dr. N. MOORE said that in chronic parenchymatous nephritis, which was thought to be the result of beer-drinking, it was extremely rare to find deposits of urate of soda in the joints.—Sir JAMES PAGET referred to a recent number of the *Comptes Rendus* of the French Academy of Sciences, containing a communication on the adulteration of alcohol. It appeared to him that many of the impurities introduced into alcohol might account for the varied number of affections said to be produced by it.

Dr. W. B. HADDEN brought forward a specimen of Cyst in the Heart. The patient was a woman of sixty-six, who died of cirrhosis of the liver. There were no symptoms pointing definitely to the condition of the heart, and nothing in the history to explain the origin of the cyst. It was an inch and a half in diameter, globular, thin-walled, and situated in the inter-auricular septum. The contents were pink and grumous, and, microscopically, were found to consist of finely granular fatty material. The walls were of loose fibrous tissue, and there was no evidence that it was hydatid, dermoid, or serous; its nature and origin were obscure.—Mr. G. N. PITT referred to a case he was showing as a card specimen of a closed cyst, situated on the aortic cusp of the mitral valve and projecting into the ventricle. It contained cholesterin and granular débris, but no pus cells, though the evacuated material in the fresh state looked like pus and had a greenish tinge; the mitral orifice was stenosed. It was removed from a man twenty-three years of age, who seven years previously had suffered from rheumatism. He died of phlebitis of the left innominate vein, and there was an ante-mortem clot in the apex of the right ventricle.

Dr. FELIX SEMON and Mr. S. G. SHATTOCK gave notes of three cases of Malignant Disease of the Air-passages. The first case was one of alveolar sarcoma of the larynx in a patient aged eighty-one. Hoarseness, gradual loss of voice without pain, and dysphagia were the chief symptoms, together with abundant expectoration of frothy, sometimes sanguinolent, sputum. Dr. Semon was consulted on account of considerable aggravation of the dyspnœa. A fortnight previously the diagnosis had been made of bilateral paralysis of the glottis-openers. The patient would not permit a laryngoscopic examination. There was slight tenderness on pressure of the larynx, and on the right half of the cricoid there was a hard swelling, apparently intimately connected with the cartilage, and of the size of a hazel-nut. Respiration was stridulous, but not sonorous in character, expiration being as much impeded as inspiration. The voice was quite aphonic. Dr. Semon arrived, by exclusion of other possibilities, at the probable diagnosis of malignant disease of the larynx, the nature of the dyspnœa and the aphonia rendering bilateral abductor paralysis highly improbable. The patient would not submit to tracheotomy, which was advised. Two days afterwards death took place from asphyxia. Examination of the parts showed an extensive, though nowhere very prominent swelling, extending over the greater part of the laryngeal cavity below the cords, which were involved in the disease, and lay almost in apposition. The growth extended through the crico-thyroid space, and appeared externally in front of the larynx. The mucous membrane, over a large area of the growth was villous. This condition was quite independent of any ulceration, and was one that might in certain cases be of much clinical importance. Microscopic examination showed that the growth was an alveolar sarcoma. The total number of cases of sarcoma of the larynx hitherto recorded did not exceed fifty, and in none had the age of the patient been so advanced as in the present instance. The second case was one of epithelioma of the right half of the larynx, with an epitheliomatous insula on the left vocal cord. The patient, a gentleman aged fifty-seven, was seen by Dr. Semon on Oct. 12th, 1887, on account of hoarseness without pain or dysphagia. Laryngoscopic examination showed a widespread red infiltrating mass involving the whole of the right half of the larynx except the epiglottis. No history of syphilis. The other organs were healthy. On Oct. 21st Mr. Butlin saw the patient, and shared Dr. Semon's views as to the malignant nature of the disease. Extirpation of the right half of the larynx was performed by Sir William Mac Cormac on Nov. 1st, 1887. The patient died from pneumonia on the third day after the operation. The presence of a small isolated growth on the lower surface of the left vocal cord was only ascertained at the time of the operation by means of an electric lamp introduced into the larynx. It was excised by a circular incision in the healthy parts around it. Microscopic examination showed the growths on both sides of the larynx to be similar and epitheliomatous in kind. The case illustrated the necessity of arriving at a diagnosis of malignant disease of the larynx in certain cases by clinical symptoms only, without the aid of the microscope, since the infiltrating nature of the growth would have rendered the intra-laryngeal removal of fragments for microscopic examination impossible. The presence of the isolated growth on the left cord was one of the class of facts that may be interpreted as evidence of a direct cancerous inoculation, although, in the absence of direct experiment, it might always be held in argument that the spot opposed to the primary tumour was prepared only by the advent of an inflammatory process to become cancerous for the same general reason which lay at the bottom of the original disease. At any rate, facts of this character were exceedingly rare, and no case of laryngeal carcinoma similar to the one now recorded had, so far as Dr. Semon and Mr. Shattock knew, been reported. Professor von Bergmann had recently shown to the Berlin Medical Society a case of carcinoma, of exactly opposite spots, of the upper and lower lips.

Dr. SEMON next related a case of Intra-tracheal Carcinoma continuous with carcinoma of the thyroid. The patient was a man aged thirty-nine, under the care of Dr. Ord, and afterwards of Dr. Sharkey, in St. Thomas's Hospital. The chief symptoms were hæmoptysis of some standing, emaciation, cough, and night sweats. There was paralysis of the right vocal cord, with indistinct pulmonary symptoms. Locally there was some thickening external to the trachea low down, and laryngoscopic examination revealed what appeared to be tracheal ulceration just at the lowest border of the field of vision. All symptoms present in the case appeared compatible with the diagnosis of tubercular disease of the lungs and trachea, but no bacilli were found in the sputum; and towards the end of the patient's life Dr. Sharkey entertained a strong suspicion of malignant disease of the trachea. Death ensued from increasing hæmoptysis. At the post-mortem examination double pneumonia affecting the lower lobes was found. Examination of the organs of the neck showed a smooth ovoidal growth projecting into the trachea from the anterior aspect, about 1·5 cm. below the lower border of the cricoid. Section showed an extensive submucous infiltration, the tumour substance spreading between the tracheal cartilages to the thyroid gland, and to the exterior of the trachea below the latter. The right recurrent laryngeal nerve was found to enter the mass of malignant disease, which lay around the trachea. The histology of the growth was that of cylinder-celled carcinoma; the investing epithelium of the trachea was not involved. As the tumour was traced outwards, its thyroidal character became plain. The cell columns had everywhere a lumen, and were formed by a single cell layer. This form of thyroidal carcinoma is very rare. Wölffler collected seven cases from different authors, and figured a specimen very like the present. It was also remarkable that the extension into the trachea took place in the form of a well-defined, comparatively large tumour, and not, as usual, of mere infiltration of the tracheal walls.—Mr. GODLEE referred to two cases brought before the Society in which there were secondary growths in bone resembling the primary ones in the thyroid.

Dr. HANDFORD showed a specimen of Mediastinal Tumour

involving the heart, taken from a man aged forty-five. He had complained of cough for six months and a half, but his chief trouble was difficulty of swallowing. Eventually he could take no food by the mouth, and he died of slow hæmoptysis. At the necropsy a mediastinal carcinoma was found involving the lower lobe of the left lung; the left auricle was also implicated, and communicated by a small opening (which was the probable source of the hæmorrhage) with the cavity of the pericardium, which contained blood-clot, and also with an irregular sloughing cavity between the roots of the lungs. With this cavity the trachea and bronchi, whose walls were extensively destroyed, freely communicated. The œsophagus too, which was not involved in the growth and had no stricture, communicated with the same cavity by three openings, one of which was more than an inch long. There were numerous secondary growths in the liver, which on microscopical examination presented the typical alveolar stroma of scirrhus. A very similar case was mentioned by Impacciati in *Lo Sperimentale*, of January, 1888, where the left auricle was involved, but not perforated. The œsophagus presented two small perforations, and death occurred from inanition from difficulty of swallowing. A third case was described where death had resulted from pulmonary hæmorrhage, there being carcinima of the root of the lung, spreading along the bronchi and bloodvessels. There were secondary growths in the humerus, muscles, and kidneys.

Dr. H. W. G. MACKENZIE shew a specimen of a Kidney containing Cysts in which were found Calculi. It was obtained from a woman aged sixty-nine, who died of cerebral hæmorrhage, and who had atheromatous arteries and hypertrophy of the left ventricle. Cysts were present in both kidneys, but calculi only existed in the right. The largest of the calculi was about the size of a small bean; the others, some thirty in number, being about the size of coriander seeds. They were highly polished, very hard, consisted of oxalate of lime, and weighed thirteen grains and a half. The kidney was not enlarged, and contained, besides numerous small cysts, two large ones—one in the cortex, an inch in diameter; the other in the medulla, half an inch in diameter. The largest calculus was contained in the largest cyst, a number of the others were contained in the second cyst, and the remainder were in the small cysts. There was no calculus in the bladder, ureter, or pelvis. No communication existed between the cysts and the pelvis. No such case had previously been brought before the Society, but Dr. Dickinson referred in his work on Diseases of the Kidney to a somewhat similar specimen in the Guy's Hospital museum. Assuming that the cysts were the result of obstruction of tubules, either the obstruction must have been incomplete or the cysts must have communicated with non-obstructed tubules so as to permit some flow of urine through the cysts. The cysts were not due to the calculi, as the presence of cysts in the other kidney without calculi showed. It was improbable that the cysts were due to obstruction by small concretions.

The following card specimens were shown:—

Mr. F. S. EVE: Cyst of Spermatic Cord, originating in the organ of Giraldés.

Dr. F. J. SMITH: Aortic Stenosis.

Dr. HANDFORD: (1) Single Hypertrophied Kidney; (2) Multiple Tubercular Strictures of Intestine.

Mr. HURRY FENWICK: (1) Vesical Carcinoma; (2) Prostatic Carcinoma.

Dr. DREWITT (for Dr. Cholmley): Lung from case of Hæmoptysis in Infant.

Mr. SHATTOCK: Recurrent Sarcoma of Thyroid associated with Hypertrophy of Accessory Thyroid.

Dr. HADDEN: Intestinal Concretions.

Dr. MORISON: Valvular Disease of Heart in Infant.

Dr. PITT: (1) Caseous Gland ulcerating into Œsophagus and Stomach by numerous apertures; (2) Atheromatous Sac in Aortic Flap of Mitral Valve; (3) Hypertrophy of Œsophagus associated with Hypertrophied Heart.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

A MEETING of the above Society was held on March 2nd, Mr. C. B. Keetly, President, in the chair.

After the minutes were read, the President announced that Sir Wm. Stokes, Professor of Surgery, Royal College of Surgeons, Dublin, would deliver the Cavendish Lecture in June. The formation of a library was announced, and members were invited to contribute. Messrs. Wm. Lang, F.R.C.S., and P. J. Lush, M.A., M.B., were elected members.

Dr. ECCLES gave a demonstration of the various manipulations in Massage, after which a vote of thanks was accorded to that gentleman.

Alveolar Sarcoma of the Vertebræ.—Mr. J. ROCHE LYNCH exhibited this specimen, taken from a lady, one of three sisters, who all died within twelve months of malignant disease. In two the growths commenced in the mamma. In this case the symptoms were persistent lumbago, followed by rigidity of the spine, and a week previously to death right unilateral convulsions. Duration of the disease, eight months. Post-mortem: The vertebral bodies, from the sixth dorsal to the sacral, were impregnated with the growth, only a thin shell of compact bone remaining at the margin; the transverse processes and spines were not affected, and these sustained the weight of the whole column. There was no tumour or deformity, the vertebræ retaining their natural size and shape. There was a considerable amount of fluid, but no secondary deposit in the brain. The liver showed numerous patches. The microscopic examination of the growth indicated alveolar sarcoma.

Oöphorectomy.—Mr. JOHN R. LUNN read a paper on "a successful case of Oöphorectomy for a Bleeding Fibroid of the Uterus." The patient was a widow, aged forty-one, with a large bleeding fibroma of the uterus. Palliative treatment was tried, but the bleeding always recurred. The vagina was well syringed with carbolic lotion, and the usual antiseptic precautions taken. A silver catheter was passed and left in the bladder. An incision of two inches was made mesially, and the different tissues divided on a director. On opening the peritoneum the left ovary and uterus presented; no intestines protruded. Several small fibroids were seen springing from the fundus. The left ovary was cystic, and as large as an orange. It was pulled out of the abdomen and, with the fimbriated extremity of the tube, ligatured with carbolised china silk (previously boiled for twenty-four hours). The abdominal opening was then enlarged, and the right ovary was carefully torn away, ligatured, and removed, the uterus being previously pulled out of the abdomen. The uterus was washed with carbolic lotion and returned; the pelvic cavity was well irrigated and slightly sponged. The abdominal incision was then closed with carbolised silk, and dressed with iodoform and dry iodoformed lint. Recovery was complete, and five and a half months after operation the uterus only reached midway between the pubes and umbilicus.

Application of Electricity to Uterine Fibromata.—Dr. INGLIS PARSONS read a paper on this subject. The great importance of the galvanometer was insisted upon. A new electrode for intra-uterine use was also described.—The PRESIDENT advocated a small incision, which could be extended if necessary. He referred to the warmth of feeling often exhibited in discussions upon the therapeutic uses of electricity.—Mr. ALBAN DORAN considered that almost any treatment will decrease a fibroid. Formerly the action of ergotin, subcutaneously administered or otherwise, had been much lauded, and similarly with other methods. He doubted whether the diminution of the growth by means of electrolysis would be permanent.—Mr. KNOWSLEY THORNTON deprecated being carried away by the enthusiasm of those who were introducing a new treatment. He thought that we should wait before accepting Mr. Keith's views on the matter. Certain uterine growths disappear after oöphorectomy. He considered, however, that it should not be practised when the uterine fibromata are larger than a cocoanut. The rapidity of disappearance of small or soft myomata, after removal of the ovaries, is extraordinary. He had operated on twenty-eight cases, and lost two. Of the others, all but one had been completely successful—the uteri being left in the sessile condition. When the tubes are affected, enlarged with clot, pus, &c., he would recommend hysterectomy.—Dr. GRAILY HEWITT considered that many more facts would have to be collected before science can pronounce its verdict on electrolysis for uterine growths. He believed that general attention to the health of the woman was of the greatest importance in the treatment of these tumours—e.g., "albuminoid starvation," or an insufficient amount of albuminous food, was often a feature in these cases. In many instances he had thus arrested the growth of these tumours; in a few, although improved, suffering has long continued, and possibly in these early operation might have been advisable. He agreed with Mr. Thornton in his remarks regarding electrolysis.

He could conceive danger when the tumour was punctured in the process; otherwise he thought the method would be harmless, and that it might be tried in certain cases. He inquired the size of the tumour in the case brought forward.—Dr. LEWERS considered that if electrolysis be a remedy of such power in interstitial fibroids, it should be efficacious in the removal of polypi. The value of the method could thus be tested by direct evidence, for there was often doubt as to the presence of an interstitial fibroid.

HUNTERIAN SOCIETY.

Tympanites treated by Puncture.—Intestinal Obstruction complicating Utero-gestation.

AN ordinary meeting of the Society was held on Wednesday, March 28th, Mr. R. Clement Lucas, B.S., F.R.C.S., President, in the chair.

Dr. R. J. RYLE read a paper on a case of Tympanites treated by Puncture through the Abdominal Wall. The patient, a man aged forty-six, came under treatment in October, 1887, with vomiting, paroxysmal pain, and constipation of about ten days' duration. Examination of the abdomen showed considerable fulness, but no tumour was felt, and examination per rectum revealed nothing. Enemata and O'Beirne's tube gave no information. Colotomy was proposed, but declined by the patient; therefore puncture of the intestine to relieve distension was resorted to as the only treatment which promised relief. Eight punctures were made, with considerable relief to the distension, but with the result of setting up an attack of violent peristaltic contraction about half an hour afterwards. Three days later it was necessary to puncture again in three places, and two precautions were used to prevent peristalsis—viz.: (1) Hypodermic injection of morpho-atropine, and (2) use of a larger aspirating needle. A very large quantity of gas was evacuated. No violent peristalsis followed. Forty-eight hours later the bowels opened. After a fortnight symptoms of obstruction returned, and puncture again became necessary, the same precautions being taken as on the former occasion, and in the course of the following three weeks puncturing was four times repeated. Great temporary relief was gained, but the patient gradually sank and died. A post-mortem examination showed an annular stricture of the first part of the rectum, but no evidence of peritonitis or extravasation of fæces, and with the exception of certain small black spots no trace of the puncture was visible in the wall of the bowel. The points of interest in the diagnosis of this case of chronic obstruction were then discussed, and secondly those of the treatment by puncture. As to the latter, the relief afforded by this procedure was of value, for three reasons: 1. As checking the respiratory and circulatory difficulties consequent on extreme distension. 2. As diminishing the direct risks of distension—viz, rupture and peritonitis. 3. As favouring the re-establishment of the normal intestinal action. The chief mode, however, in which puncture tended to produce evacuation of the bowel is by exciting brisk peristalsis, and this is a result which, as in the present instance, may require to be guarded against. As to the dangers of intestinal puncture, it is impossible to state that there are none; thinning or ulceration of some part of the bowel may convert a puncture into a rent. The same might happen from movement of the impaled bowel, or liquid fæces might be conveyed from the needle to the peritoneum. But a much less hypothetical danger seemed to be the rupture of the diseased bowel by the violent peristalsis set up by puncturing, or if the puncturing is very free. The reality of this risk is shown (possibly) by the history of a case of Dr. Bristowe's, recorded in the Pathological Society Transactions for 1872; and still more clearly by a case recorded in 1878 in the *British Medical Journal* by Dr. Coupland and Mr. Morris, in which rupture was due to peristalsis caused by puncture. If this view of the danger be correct, the proceeding comes to resemble the administration of ergot during labour, and the cases most suitable for the treatment would seem to be those which are known to be characterised by healthy bowel and an absence of insuperable obstruction, such as sometimes occur in obstetric practice or after abdominal operations. Perhaps, too, as has been suggested by Dr. Galabin, this treatment might be of use in commencing peritonitis. The beneficial effects of simple relief of tension in checking the progress of inflammation are shown in peri-ostiitis and cellulitis, and probably a few needle punctures would be less dangerous than continued distension to the peritoneal coat. From similar considerations he suggested its employment in enteric fever, more especially if, as was probable, excessive peristalsis can be prevented by opium. The specimen was shown at the meeting.

Mr. CORNER read notes of a case of Acute Intestinal Obstruction complicating Utero-gestation. The patient, a woman aged twenty-seven, who had been married four months, was believed to be four months pregnant. During the period she had much sickness and retching. On Nov. 20th, after a hearty supper, she was seized with great pain and violent vomiting. The bowels acted freely several times. Nothing abnormal was felt in the abdomen, and the uterus was of normal size. The vomiting and pain continued, with constipation. On Nov. 26th chloroform was given, and the rectum, vagina, and abdomen carefully explored, but nothing unusual was detected. On the 27th death took place. At the necropsy the ileum was constricted five inches above the cæcum by a thick band of adhesion in the middle line above the pubes. The bowel was completely divided. The peritoneum contained a quantity of fæcal material. The specimen was shown at the meeting.—Mr. M'CARTHY said that he had seen Mr. Corner's case for the first time the day before death. The diagnosis was between pregnancy and obstruction. There being nothing to indicate the precise nature of the case, he did not advise operation, and, looking at the nature of the case as revealed after death, had this been performed the bowel would immediately have given way like it had done on the following day. These cases, if seen early enough, especially in hospital practice, and treated by operation, might terminate in a good result. As to puncture of the intestines, he had employed this method in a gynæcological case with great relief.—Dr. PYE-SMITH, in discussing the first case, spoke of the difficulty met with in diagnosis, and thought there was nothing to be gained by the passage of a long tube up the rectum. Then, as to the classical description usually given of pipeclay "motions," he thought it questionable if a stricture high up could imprint its form on the fæces, but that this condition was usually due to some disease of the anus. Cases in point were then described. On the other hand, there might be a stricture low down with no narrowing of the motions. He therefore considered this condition unreliable. Passing to cases of annular stricture due to malignant disease, chronic in their progress and limited to the large intestine, he thought these ought to be diagnosed and treated by colotomy. Cases of this sort would often allow fæces to be passed, and he quoted a case of disease in the sigmoid flexure, in which arrangements had been made for performing colotomy, but deferred on account of the passage of liquid fæces at the time. Death took place next day. Ulceration in these cases, as in Dr. Ryle's, was markedly absent, in contradistinction to Mr. Corner's case. In all such cases he urged operation. As regards Mr. Corner's case, he expressed regret as to the result. If the case reached the gangrenous state he thought that an operation took away the last chance of recovery, and, as a result, death was frequently put down to its performance. Considering the whole question of operation, the more cases he saw the less he trusted the signs; the signs as taught so often failed. Exploratory operation ended in failure in all his cases he had recently looked up. A more loose method of diagnosis than that usually taught he considered useful, and classified cases under several headings: 1. Acute obstruction, in which (*a*) operation was followed by a good result, as in cases of hernia; (*b*) treatment by opium and starvation; some of these recovered. 2. Chronic obstruction, like stricture of rectum, treated by colotomy. 3. Chronic obstruction, due to impaction of fæces—treated for constipation by enemata (this included also that due to gall-stones). He agreed with all Dr. Ryle had said as to puncture. He had performed the operation once to relieve excessive distension, and found that peristalsis was excited. The patient passed some fæces and ultimately recovered. He thought it might be performed with greater freedom, and recommended frequent puncture. The needle, however, should not be allowed to remain in any length of time.—Dr. DUNDAS GRANT gave his experience of two cases of cancer of the rectum, low down, in which he had used this method of treatment by puncture with great relief to the patient. He asked Dr. Ryle if he had passed the whole hand into the rectum for the purpose of diagnosis. Typhlitis being sometimes

accompanied with fæcal vomiting and liable to be mistaken for acute intestinal obstruction, he inquired what degree of weight should be attached to this sign.—Dr. GALABIN adverted to the criticism by THE LANCET on the statements made in his manual as regards the method of treatment in puerperal peritonitis; being so fatal, the relief given could only be temporary; he quoted cases of this kind, and also one of intestinal obstruction in which puncture had been employed with great relief. He also thought that puncture might be used in cases of extreme distension where there was great trouble about to be experienced in abdominal section. The finest tubes only should be used. He had employed fine puncture for the relief of great distension of intestines, which had escaped from the abdomen after ovariotomy—a small drop of fæces was noticed at the site of each puncture. Finally he related a case of acute intestinal obstruction, with pregnancy at six months, caused by volvulus of the small intestine, which terminated fatally, and nothing was done, the patient being moribund when seen.—Mr. SYMONDS discussed the increasing difficulty of diagnosis in intestinal obstruction, and related several cases he had had under his care. He always recommended an exploratory operation in these cases, and the success he had met with was certainly encouraging. The use of large enemata, he thought, did not prove the position of the growth. In cases similar to that of Mr. Corner's, Nélaton's operation was useful as a method of relief, short of abdominal section.—Dr. L. E. SHAW had seen Dr. Ryle's case during the second attack, and thought the case an admirable one for operation. He believed that puncture might always be employed in the first place before the performance of operation for the removal of growth; the method appeared to be so innocuous.—Dr. PITT related a case of puncture of the intestines in a man for obstruction due to strangulation of the ascending colon, without relief; colotomy was subsequently performed. In the majority of cases he believed the colon was not full of gas but fæces, as in the case just mentioned. A very valuable method of treatment for the relief of symptoms in intestinal obstruction was to wash out the stomach. So again, in enteric fever, might not the contact of micro-organisms with the food form gas? From experiments he had made it was uncertain whether the colon or small intestines were punctured. — The PRESIDENT thought Dr. Ryle's case a typical one for colotomy, and regretted that the patient could not be persuaded to undergo the operation. In chronic obstruction, where the position of the disease was a matter of conjecture, he always advised left-side colotomy, and he related two cases in which patients were relieved in this way. In one case there had been symptoms of chronic disease and complete obstruction for thirteen days. He colotomised on the left side and found the opening was below the stricture; passing his finger, he felt the disease at the splenic flexure, then turned over the patient and operated on the right side. This patient was alive nearly three years after the operation. As illustrating the use of puncturing, he referred to a case of Mr. Forster's related in the Guy's Hospital Reports for 1868, where the patient lived eighty-eight days after complete obstruction.

HARVEIAN SOCIETY.

Fracture of the Patella.—Drainage of Knee Joint.—Albuminuric Retinitis.

A MEETING of the above Society was held on March 15th, and was a clinical evening.

Mr. QUARRY SILCOCK showed a case of Fracture of the Patella treated by Malgaigne's hooks. The patient was a young man, and two months had elapsed since he had left the hospital. Punctures had been made with a tenotomy knife, and the instrument applied with antiseptic precautions. Mr. Silcock considered the union which had taken place to be bony.—Mr. F. TREVES had used Malgaigne's hooks for two years. For ordinary cases of fractured patella he used Astley Cooper's method, but when there was much separation he used the hooks. He considered them an almost perfect method of treatment, although it was difficult to obtain properly manufactured hooks. He showed some which had been sent from New York, in which the difficulties had been overcome.—Mr. WILLIAM ADAMS had been interested in the method adopted for many years. He thought it gave excellent results and did not injure the joint.—Mr. HERBERT PAGE said that Malgaigne's hooks should only be used with strict antiseptic precautions, and deprecated very strongly Malgaigne's mode of applying them.—Mr. CLEVELAND mentioned cases of fracture of both patellæ successfully treated by other methods.—Mr. WAINWRIGHT thought Mr. Silcock's case was very successful, but that the dangers of the use of Malgaigne's hooks had not been sufficiently appreciated. His own cases of fracture of the patella treated by opening the joint and suturing the ends had been very perfect.—Mr. SILCOCK, in reply, said it was important to open the joint with a tenotome in adjusting the hooks, and that antiseptic precautions were essential.

Dr. SIDNEY PHILLIPS remarked on a case of Hemiplegia, accompanied by Spasmodic Movements. The nature of the lesion seemed very doubtful, but great improvement had resulted from large doses of iodide of potassium.—Dr. ROBINSON thought the lesions were syphilitic.

Dr. PHILLIPS also introduced a case in which the pulse beat was very slow, being apparently only half the rate of the heart's beat.

Mr. HERBERT PAGE showed a case of Traumatic Empyema and Pneumothorax. The patient was a boy of eleven who had been run over. The completeness of the recovery after severe injuries rendered the case interesting.

Mr. F. TREVES showed a case of a young man in which drainage of the knee joint had been employed in the early stages of Suppurative Synovitis. A free opening had been made on either side, and a large drainage tube passed through. The stream of water employed was constant and very abundant, and after its employment the temperature at once fell to normal. The treatment was continued for thirty days. A little boracic acid was added to the water. A good and movable joint was the result.—Mr. HERBERT PAGE thought Mr. Treves' case a great success. To do any good the treatment must be adopted early.

Dr. MAGUIRE exhibited cases of Albuminuric Retinitis in various stages. He thought the condition was rarely an inflammation of the retina, but usually due to hæmorrhage and degeneration of nerve fibres. In one case the amount of albumen was infinitesimal, and could only be detected by the magnesium-metric test. The only condition common to cases of albuminuric retinitis was high arterial tension.—Mr. SILCOCK agreed with Dr. Maguire that high arterial tension was present in cases of albuminuric retinitis.

Mr. MANSELL MOULLIN showed a case of Amputation at the Hip Joint.

NEUROLOGICAL SOCIETY OF LONDON.

Fatal case of Tumour of Auditory Nerve.—Atrophy of Frontal and Parietal Lobes consequent on Prolonged Spinal Paralysis.—Sequel to case of Multiple Paralysis of Cranial Nerves.—Peripheral Neuritis.—Ruptured Brachial Plexus.—Ascending Degenerations in Spinal Cord.—Pyrexia in Rabbits from Lesions of Corpus Striatum.

A CLINICAL MEETING of this Society was held at the National Hospital for the Paralysed and Epileptic, Queen-square, on March 15th, Sir James Crichton Browne, F.R.S., President, in the chair.

Dr. SHARKEY read notes and showed the brains of two cases, the first a case of Tumour of the Auditory Nerve, and the second a case of Atrophy of the Frontal and Parietal Lobes in prolonged Spinal Paralysis.—In regard to the first case, Dr. JACKSON noted as interesting that optic neuritis alone distinguished the case at its commencement from Ménière's disease.—In answer to a remark by the President, Mr. VICTOR HORSLEY stated that the tumour might have been removed by an operation which he had already advocated—viz., incision of the tentorium and ligature of the lateral sinus.—In regard to Dr. Sharkey's second case, Dr. HUGHES BENNETT mentioned a case of absolute paralysis of all four limbs, commencing at the age of fifteen, and lasting for forty-five years, in which no cerebral wasting whatever was discoverable.—Dr. JACKSON and Dr. MACKENZIE referred to the wasting of the anterior portion of the brain in bedridden and wasted patients.

Dr. BUZZARD related the sequel of a case of Multiple Paralysis of Cranial Nerves, which he had shown to the Society in November last. The patient, a man aged forty, with no syphilitic history, had been admitted into the National Hospital in August with complete paralysis of the sixth portio dura and portio mollis, and partial paralysis of both

motor and sensory roots of the fifth on the right side, whilst there was also paralysis of the right half of the palate. The tongue was protruded straight; the vocal cords were unaffected; there was no optic neuritis. The symptoms had commenced with headache two years previously, followed by paralysis of the right external rectus and right side of the face six months afterwards, and a few months later by complete deafness in the right ear. The limbs were not affected. The patient complained of giddiness, and reeled in his walk, whether the right eye was shut or open. For some time the diagnosis was undecided between coarse disease of the middle fossa involving the nerves affected and tumour of the pons or medulla oblongata; but later (in spite of active mercurial and iodide treatment) there arose much difficulty in swallowing, whilst the legs began to lose so much power, and the tendon-reflex was so highly exaggerated in all four limbs, that when death occurred in January Dr. Buzzard was able to express the opinion, before the necropsy, that a tumour of the pons affecting the cerebellum by pressure would probably be found. A post-mortem examination revealed a tumour involving the posterior half of the right side of the pons and the anterior inferior portion of the right hemisphere of the cerebellum, concealing the flocculus and displacing the amygdala and biventral lobule downwards, and compressing the right middle peduncle of the cerebellum. The fifth, sixth, and seventh nerves were involved in the tumour, which also exerted so much indirect pressure upon the right side of the bulb that the right olivary body was much smaller than the left. The preparation was exhibited, and Dr. Buzzard pointed out that, although the growth from its position must have pressed upon the glosso-pharyngeal and vagus nerves, it did not touch the spinal accessory or hypoglossal. As, however, not long before death the tongue was inclined to the right, the hypoglossal nucleus must have suffered, and doubtless also, therefore, that of the spinal accessory above it. He remarked that the case on this account failed to render help as regards the vexed question of the innervation of the levator palati; the portio dura, glosso-pharyngeal, and spinal accessory (to each of which it had been attributed) being all afflicted either in their trunk or nucleus. On the other hand, the giddiness and reeling had doubtless been due to lesion of the middle cerebellar peduncle. The middle lobe of the cerebellum appeared to be quite out of reach of any even indirect pressure.

Dr. BUZZARD also exhibited a male patient, aged forty-one, suffering from double wrist drop, with a strong superficial resemblance to that which is caused by lead, but which he was disposed to attribute to alcoholic neuritis. The patient, an engine-fitter employed in ocean-going steamers in the tropics for many years, was suddenly seized a year ago, according to his own account, with loss of power in the hands and lower extremities. There was numbness of the hands, and the fingers were semi-flexed. In trying to walk the feet were dragged, and he was unable to walk without help for two or three months. The hands did not improve in the same proportion as the legs. At the present time the patient walks well, and his knee jerks are normal. The wrists are dropped. The radial and ulnar extensors and supinator longus all need strongly induced currents to produce contraction; the common extensor of the fingers does not respond to the strongest currents. There is slight atrophy of the thenar and hypothenar eminences. There is albuminuria and commencing retinitis in one eye. In the past history gout had attacked the right big toe three times, and there had been slight ague on four different occasions. The patient had drunk freely of spirits and beer for years, and owns to about fourteen ounces of whisky daily, besides malt liquor. He had had no pains and no numbness of legs. Dr. Buzzard pointed out that, in spite of the strong superficial resemblance, the case differed from at least the vast majority of examples of lead palsy in that the supinator longus was affected equally with the extensors of the wrist. The man had had nothing to do with lead for eight years, and there was no blue line. If, as he supposed, it was a case of alcoholic neuritis, it was a somewhat exceptional example, for the lower extremities in that disease were usually more seriously affected than the upper. In reply to questions, he said that as regards beri-beri, there was the same proclivity for the lower extremities to suffer the brunt of the disease. When attacked, the ship was off Brazil; the patient had not landed, and was the only person ill on board. He did not think it was a case of beri-beri. There was no history of syphilis. There was not any conclusive evidence against the disease being anterior poliomyelitis, but the numbness of the hands at the onset, the symmetrical distribution of lesions, and the participation of the supinator longus with the extensors in the paralysis were characters opposed to this view.

Dr. HADDEN exhibited a patient who had sustained an injury to the Brachial Plexus. Fourteen weeks previously the man fell thirty-six feet. Both wrists were severely bruised, but the left shoulder was quite unaffected in this way. The left upper extremity was at once found to be paralysed. The muscles affected were those supplied by the nerves coming off from the posterior and outer cords of the brachial plexus. All the affected muscles presented a marked degree of the reaction of degeneration. There was loss of sensation of the forearm, limited to the area supplied by the cutaneous branch of the musculo-cutaneous nerve and by the radial nerve. The left pupil was slightly smaller than the right, but it was active to light and during accommodation. The globe of the eye and the palpebral fissure were natural. The pulse of the left radial was unaffected. It was certain that the damage to the plexus was above the clavicle, but it was possible that the tear was very high up. The author brought forward the case mainly with the view of eliciting opinions as to an operation for resecting the affected nerve trunks.—Mr. VICTOR HORSLEY thought that the lesion in this case might be narrowed down to the sixth cervical nerve. He had found by experiment that this was the nerve injured in such an accident. An exploratory incision might be made.

Drs. HADDEN and SHERRINGTON exhibited sections to show the course of the ascending antero-lateral tract. The case was one of typical locomotor ataxy. The columns of Goll and the fasciculus gracilis in the medulla were densely sclerosed. The posterior root-zones were also degenerated throughout the cord, but more in the lumbar region than elsewhere. Between the fifth sacral nerve and the highest dorsal region there was some degree of lateral sclerosis, and at the level of the seventh dorsal pair the change in the lateral columns extended farther forwards, blending with the deep parts of the antero-lateral tract. At the level of the second dorsal pair the degenerated antero-lateral tract reached the periphery of the cord and extended upwards into the medulla. In the medulla it was traced as high as the upper part of the decussation, but above this point it disappeared as a compact bundle. Possibly it passed into some of the cell groups. In the medulla the tract was wedge-shaped, with the base towards the periphery and reaching up to it. It lay in front of the substantia gelatinosa, separated only by the deep arciform fibres. The superficial arciform fibres passed intact right through the degenerated area. The authors called attention to the fact that in the cord the antero-lateral tract became more extensive as the posterior root of this became more healthy, thus suggesting a supplemental relation. The direct cerebellar tracts were not affected.

Dr. HALE WHITE showed the brains of two rabbits, in both of which he had induced a considerable rise of temperature by destroying the anterior part of the corpus striatum. In one of them the temperature remained raised for a month. There was nothing abnormal in either animal save the pyrexia.—Mr. VICTOR HORSLEY considered the question one of much importance in diagnosis.—Dr. SHARKEY related a case of acute disease of the corpus striatum without pyrexia.—Dr. JACKSON and Dr. SAVAGE referred to cases of general paralysis of the insane with hemiplegia accompanied by pyrexia.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

Treatment of Advanced Conditions of Equino-varus.—The Surgery of the Thyroid Gland.

A MEETING of the Surgical section was held on Jan 20th.

Mr. SWAN read a paper on the Treatment of Advanced Conditions of Equino-varus. It can be positively asserted that all cases of congenital equino-varus are perfectly curable by the recognised and scientific treatment as ordinarily followed, if it be thoroughly carried out before the expiration of the first year of life, or before walking has commenced, subject to the accident of relapse, which may occur through carelessness or ignorance in not maintaining correct position. After three or four years have elapsed a modified result may

be obtained, but here the treatment will be prolonged and difficult, and the degree of success will depend on the condition of each individual case, and the tendency to relapse will extend over a lengthened period. When the person afflicted with equino-varus has reached the age of ten years, either with early treatment and subsequent relapse, or without treatment, features are presented which preclude the hope of success being attained by tenotomy and extension. The tarsal bones are thickened, and the typical distortion is increased. The large adventitious bursa is dense, and includes in its base the cuboid and the tarsal end of the fifth metatarsal bones, may extend to a greater or lesser degree on the dorsum of the foot. The fifth metatarsal bone is not alone deflected inwards, but forms a distinct curve, which may easily be demonstrated on the living subject. In such a case there can be no other means adopted with the hope of obtaining rectification of the deformity than ablation of a portion of the tarsal bones. The portion removed will consist of the anterior three-fourths of the cuboid bone, all the external cuneiform, except its posterior part, and the proximal extremities of the third, fourth, and fifth metatarsal bones, and the apex of the wedge will consist of a portion of the middle cuneiform. The mobility of the foot will remain almost unimpaired. This can be explained by the fact that the joints, which principally allow of movement in the unmutilated foot, are not interfered with—namely, that between the calcis and cuboid, astragalus and scaphoid, likewise that between the scaphoid and cuneiform bones; an alteration, in fact, only occurs of the joints between the three outer metatarsal and the external cuneiform and cuboid, in which the normal movement is limited. As the metatarsal bones have their epiphyses at the distal end, it is probable the development of the foot would not be interfered with. Thirty-four cases had been selected by Mr. Swan as suitable for operation since 1876. Many of those have been shown at the sectional meetings, and were now illustrated by casts of the limbs before and after operation.

Mr. FOY read a paper on the Surgery of the Thyroid Gland. After tracing the history of operations for the ablation of the gland and extirpation of tumour, he compared the modern operation of Mr. P. H. Watson with that recommended and practised by Desault at the Hôtel Dieu in 1791. He condemned the many minor operations of setons, caustics, injections of irritants, and tapping, and gave the history of a successful removal of a cysto-adenoma from the right lobe of a young married woman's thyroid. The bleeding, which was very profuse, was stayed by clip forceps and plugging of the wound with new sponges.—The PRESIDENT said that Mr. Patrick Heron Watson had advocated the operation for the complete removal of the gland, while at the same time indicating that the surgeon must be prepared to see the patient die on the table—a fatality which occurred at least once in that distinguished surgeon's practice; and he dwelt strongly on the necessity of leaving the capsule untorn, especially the capsule surrounding the vessels.—Mr. STORY inquired what the indications were for operating on tumour in the thyroid gland at all. Was it considered that the operation might be undertaken for cosmetic reasons, or only for the sake of respiration or deglutition?—Mr KENDAL FRANKS, having operated three times, did not think the size of a tumour in the neck as at all a guide to operative procedure. A large unsightly goitre was not by any means the usual one for removal. Hence the question of cosmetic reasons might be dismissed. But small tumours indicating a tendency to press backwards and sometimes down underneath the top of the sternum, causing great distress and dyspnœa, endangered life. In his own three cases he dealt with cysts, and not with hypertrophied thyroids themselves. He once met a large thyroid which protruded a great deal, causing dyspnœal symptoms. Having been advised to try a seton, he passed a drainage tube right through from side to side of the thyroid, with the result that he would never adopt such a course again. Multiple cysts and proliferating masses protruded through the two openings. In none of his cases had he enucleated the whole of the thyroid gland. When part of the gland was left there was no fear of myxœdema. But hæmorrhage was the great bugbear, to avoid which Billroth advised against opening the capsule; and still more (though contrary to Billroth's rapid method) success was achieved by taking plenty of time at the operation.—Mr. FOY, in reply, stated that the operation was justified when the tumour was growing quickly, when dyspnœa or dysphagia were marked, or when any evidence of malignancy was present, and also when the most approved internal and external medication had not given good results. He was not in favour of opening the capsule, but when an adventitious capsule was formed he believed he had no option. Setons, tapping, and caustics, were not free from danger, and in many cases did not give favourable results.

Spastic Paralysis; Ataxic Paraplegia.—Heredity in Hæmorrhagic Purpura.

A meeting of the Medical Section of the Academy was held on Jan. 27th.

Dr. C. J. NIXON made a communication upon Congenital Spastic Paralysis and Ataxic Paraplegia, and exhibited two cases illustrating both diseases to the members of the Academy. The writer divided cases of congenital paralysis into those which were cerebral and spinal in origin, and dwelt at length upon the various conditions with which both forms were associated. One of the cases exhibited was paraplegia, due to compression of the upper part of the Rolandic area during an instrumental delivery by the forceps. In the case of ataxic paraplegia, Dr. Nixon first detailed the evidence which had been afforded by recent investigations as to the probable course taken by the sensory muscle tracts in the spinal cord—viz, in the columns of Goll, the direct cerebellar tracts, and in the short vertical fibres which connect the posterior horns of grey matter at different levels in the spinal cord. The last was the part in which the comma-shaped degeneration was found. In noting the motor paralysis which exists in ataxic paraplegia, special reference was made to the difficulty of distinguishing a lesion of the delicate fibrillary network which connects the terminations of the pyramidal tracts with the network of Gerlach, though a slight lesion in the situation, as being the furthest point from the influence of the trophic centres, would most probably be attended with serious disturbance of the motor function. Dr. Nixon also adverted to the different pathological lesions which might be set up in the cord, the results of which, as regards the intensity of the symptoms and their duration, might be very different. Many cases of the most profound disturbance of both sensibility and mobility got well, though this result was usually considered as phenomenal. Allusion was made to the effect of treatment in certain affections of the spinal cord.—Professor HAUGHTON said the distinction drawn by Dr. Nixon between the sensory and muscular nerves was of great importance, and reminded him of the fact that it was a metaphysician and not a physician who had brought to light the existence of a sixth—a muscular sense. There was one thing they had certainly determined, although the difference was exceedingly small—namely, that the rate of transmission of a sensation and the rate of transmission of an order from the brain to use muscular action differed slightly, and everything seemed to show that the mode of communication with the external world which took place from the sensorial nerves and from the nerves that transmit or give orders for muscular action differed.—Dr. BEWLEY related the symptoms presented by a man suffering from ataxic paraplegia, under his care in the Adelaide Hospital; and Dr. WALTER SMITH mentioned a case in Sir Patrick Dun's Hospital as illustrating one of the most interesting phenomena of spinal diseases—namely, the different modes of transmission of different sensory impulses. A few days before Christmas last a young man complained of a halt in the right leg, and in a few days afterwards a similar halt in the left, with retention of urine, which was followed by incontinence. He was admitted into hospital perfectly paraplegic. In a week or two huge bedsores formed over the sacrum. For several days after admission the principal phenomenon was almost the complete loss of the perception of painful impressions up to the level of the pelvis. Pricking him with a pin or twisting the skin he did not perceive; yet in all parts of the limbs, down to the very toes, he could feel and localise accurately the touch of a feather, while he was thoroughly insensible to the most painful impressions, and unable to discriminate between heat and cold. The symptoms pointed to acute destructive inflammation of the lower part of the spinal cord. The symptoms and combinations of symptoms of spinal diseases varied so immensely that physiologists were not at present in a position to classify accurately even the groups of symptoms, much less to refer them to distinct pathological changes beyond the degeneration of

the cord, the exact nature of which was not determined.—Dr. NIXON, in reply, said it was not to be expected that all cases of ataxic paraplegia would be precisely similar. On the contrary, they must vary, inasmuch as the pathological changes in any two cases would vary, and accordingly as the disease became more pronounced in the lateral tracts in one case or in the posterior. Dr. Smith's case was of very great value as illustrating what had been noted by the experiments of physiologists—namely, that the ordinary tactile sensations were conducted by entirely different paths from those of common sensibility to pain and temperature. In any case of paralysis the first point to determine was whether it was of a cerebral or spinal nature; if spinal, then the different forms of paralysis existing, and the conduction of certain impulses, whether motor or sensory.

Dr. T. F. KNOTT read a paper on Heredity in Hæmorrhagic Purpura.—Mr. FOY said the treatment recommended in long-continued cases by some of the German writers consisted of dilute sulphuric acid and sulphide of sodium until free purging was produced.—Dr. T. F. POLLOCK said he had a case under treatment which he could not call hereditary, as none of the patient's family had the complaint before her. A lady, aged sixty-seven or sixty-eight, suffered from epistaxis, hæmorrhage of the gums, and purpura all over her forehead, cheeks, and legs. The blood coagulated. He administered iron in large quantities, without accomplishing the good he expected. He also tried large doses of ergot, sulphuric acid, and digitalis, which had some effect, but not what he desired. Then he put her under arsenic, giving her the arsenious hydrochloride of the Pharmacopœia; and that certainly did some service. But what he found most valuable of all the remedies was hazeline, to which the bleeding yielded for the time. The hæmorrhage, however, had returned again, though when he injected the nostrils or washed the gums, the hazeline checked it.—Dr. C. F. MOORE had tried with good effect half to one-grain doses of ipecacuanha and opium, with from two to four grains of Dover's powder, or turpentine and laudanum. By bringing about the action of the liver the hæmorrhage would be relieved.—Dr. KNOTT replied.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

A MEETING of this Society was held on March 1st, Dr. DE BARTOLOMÉ, President, in the chair.

Apoplexy.—Dr. DYSON showed some specimens from a case of apoplexy. The patient, aged thirty-one, was admitted to the General Infirmary in the apoplectic condition, and died the day following. His previous history was singularly free from illness of any kind, the man never having lost a day's work. He was comatose; head turned to the left; pupils contracted; left conjunctiva insensitive, right much less so; he moved his right arm, but not his left—sensation was abolished apparently in the left arm. Post-mortem: There was a large hæmorrhage in the right optic thalamus, which had burst into the ventricle, pierced the septum, and invaded the left ventricle. Heart: left ventricle greatly hypertrophied; valves fairly healthy; well-marked early stage of atheroma of aorta. Kidneys both small and granular.

Ulceration of the Popliteal Artery following Injury.—Mr. COOMBE read the notes of this case. W. H——, aged fourteen, was admitted into the General Infirmary under the care of Mr. Jackson, with a lacerated wound six inches long, on the inner side of the politeal space. The wound healed superficially, but suppuration occurred and surrounded the joint, which itself became involved. The pus was let out by free incisions on the opposite side to the wound. On the twenty-first day after the injury considerable hæmorrhage took place from the nearly closed wound, which was arrested by a tourniquet. The same evening, the lad having slightly rallied in response to stimulation, amputation of the thigh was performed; but despite the free use of stimulant enemata &c., the patient rapidly sank, and died shortly after midnight. Examination of the limb showed free burrowing of pus and disorganisation of the joint. The politeal vein was intact, but the artery was ulcerated through about the middle of its course.

Rupture of the Popliteal Artery followed by Gangrene and Mid-thigh Amputation.—Dr. KEELING related a case of this kind. W. T——, aged forty-six, was admitted into the Public Hospital and Dispensary on the evening of Dec. 31st, 1887, with severe contusions of right lower limb and simple fracture of the femur at the junction of the lower third of the shaft. Whilst in a state of intoxication he had been knocked down and run over by a tramcar. The patient had been extremely deaf and nearly dumb since infancy, and for some years had been given to drinking. For three or four days after admission into hospital he remained so delirious and restless that it was found impossible to keep the limb quiet. The leg soon became cold, and gangrene set in, extending gradually up to the knee. On Jan. 9th amputation was performed in the middle of the thigh. On subsequent dissection of the vessels, the popliteal artery was found filled with clot and partially torn through, the external coat remaining intact, the middle and inner coat being ruptured and curled down so as to form a septum across the vessel; the popliteal vein was completely occluded by clot; there was no extravasation at the site of injury to the vessels. The stump has healed very slowly and with much suppuration, but the patient is now likely to recover. The lower part of the femur and the popliteal vessels, mounted by Mr. Banham, were shown to the Society.—Remarks were made by Mr. Jackson and Mr. Garrard.

Clothing.—Mr. PYE-SMITH read a paper on clothing. Considering that the two main objects of clothing were protection from violence and from extremes of weather, and preservation of the natural warmth of the body, he showed that good clothing should accomplish these objects without injury to the body, without interference with its proper movements, without special danger or inconvenience, without needless interference with social distinctions, and without offence to modesty and good taste. Fabrics manufactured from the wool of animals were greatly to be preferred for garments to those made from cotton or other vegetable fibre; woollen goods compared favourably with those of cotton in respect to the following qualities: Conduction of heat, absorption of moisture, porosity, weight, cleanliness, natural colouring, inflammability, strength, softness, flexibility, elasticity, and durability. Their roughness of surface was advantageous, except in the rare cases in which even the finest varieties caused unbearable irritation of the skin. Their shrinking in washing could be prevented by care, and their greater cost was held to be much more than compensated by their greater healthiness. The various articles of male attire were then passed in review, and special stress was laid on the value of socks with separate compartments for each toe, as a preventive to corns and deformity of the toes, and as contributing to their warmth, cleanliness, and natural development. Remarks were made on evening dress and out-door clothing, and the opinion was expressed that the commonest faults in clothing were the use of cotton instead of wool, and the undue tightness of garments for the chest, waist, and feet.—The President, Drs. Porter and Watson, and Messrs. Jackson, Williams, and Atkin joined in the discussion which followed.

AT the meeting on March 15th, Dr. HUNT exhibited (*a*) two large Indurated Glands removed from a child's neck; (*b*) appliances for receiving the discharges during operations, and securing cleanliness and comfort. They were in use in the Boston (U.S.A.) General Hospital.

Mr. PRIESTLEY introduced a case of Plumbism, a patient of Dr. Dyson's, the only assignable cause being the impregnation of the drinking-water by lead.

Fatal case of Hæmophilia.—Mr. PYE-SMITH briefly related particulars of this case in a man aged forty-seven. He was admitted into the Public Hospital for a wound of the left hand. The hæmorrhage was with difficulty stopped by styptics and pressure, but a fortnight later blood began to be passed per anum, and after losing a good deal for two days the patient suddenly became faint, and died with symptoms of internal hæmorrhage. At the post-mortem examination the stomach was found to be full of soft, clotted blood. The small intestines and the rectum were empty, but covered with blood-stained mucus and small ecchymoses. The colon contained solid fæces. The male children of the patient's mother's sister were all bleeders.

Chorea.—Dr. PORTER read a paper on the etiology of chorea. After alluding to the pathological history of this affection, he briefly summarised some of the more important clinical facts obtained by the Collective Investigation Committee. In forty-nine cases of chorea, which he had himself noted, there were thirty-seven females to twelve males—the usual proportion of three to one, which was a

singularly constant one. Referring to the relative influence of rheumatism on the one hand, and nervous affections on the other, he found that in forty-four cases, as regarded family history, some member of the family had suffered from acute or subacute rheumatism alone in thirteen, and in two more there was a history of both rheumatism and chorea; of chorea alone there were three cases, and of other nervous affections (epilepsy, insanity, &c.) there were three more. As to personal history, in forty-seven cases there had been antecedent rheumatism in six, and rheumatism with chorea in one; in twelve other cases there had been previous attacks of chorea alone. Thus there was a rheumatic history, either family or personal, or both, in twenty-two out of forty-six cases; and nervous predisposition or antecedent chorea alone in eighteen. In these figures cases of chorea occurring with rheumatism were counted as rheumatic and not as neurotic. In reference to heart disease of a definite character accompanying chorea, Dr. Porter said that the collective investigation figures showed that, in the absence of any previous history of rheumatism, the fact of there being a rheumatic family history did not justify the conclusion that the heart lesion was necessarily rheumatic. This was in opposition to the theory that a cardiac lesion indicated a latent rheumatic condition, and was a connecting link between the two affections. Dr. Porter contended that chorea alone was capable of producing endocarditis and organic changes in the valves. In eight out of thirty-nine of his cases he found an organic murmur, in only three of which was any rheumatic history to be got. Noticing some of the other alleged exciting causes of chorea, he alluded to educational over-pressure. Of fifteen children attending school at the time of the attack the parents had attributed their symptoms to this cause with some show of probability. In summing up, Dr. Porter reviewed the position of the present state of knowledge on this subject. The great question was whether chorea occurred vicariously of rheumatism; he said that the pathology of rheumatism itself was still doubtful. Some pathologists had claimed for it a nervous basis, and it was possible that there might yet be found some antecedent condition common to the two affections.

At the meeting on March 29th, Mr. SNELL showed a boy who had been operated upon for severe Ectropion, and Dr. S. ROBERTS a girl with Hypertrophy of Gums.

Mr. PYE-SMITH exhibited an Instrument he had devised for use in Ununited Fractures.

Lacerated Perineum; Complete Division of Urethra.—Mr. W. A. GARRARD related a case in which a man had fallen on a piece of iron and lacerated his perineum from the sphincter ani into the scrotum, penetrating deeply and exposing the base of the bladder, and completely dividing the urethra near the bulbous portion, and tearing part of it away. The proximal end was found, and when a silk web catheter had been passed on into the bladder the divided ends were two inches apart. They were brought together by silk sutures, and a syphon tube attached to the end of the catheter. The catheter was changed about once a week for six weeks, when the urethra was found to be united and the perineal wound nearly healed. After this a catheter with a sharp curve was occasionally passed, and in three months the perineum was entirely healed, and the man could pass urine as well as usual.—Remarks were made by Dr. Keeling and the President.

Massage.—Mr. ATKIN read this paper, and, after making some remarks on the general applicability of this mode of treatment, went on to discuss its value in certain surgical affections. An opinion was expressed of the uselessness of treating scoliosis, flat-foot, bent legs, and rickets generally by jackets, splints, &c., unless the apparatus could constantly be removed, and the parts well shampooed. Without denying that the bones were often primarily affected, yet too much stress was laid on bone-forming remedies to the neglect of muscular stimulation. Attention was also drawn to the assistance shampooing affords in curtailing a tedious convalescence, as after a surgical operation. Early massage was recommended for sprained joints and muscles, though not to the exclusion of the physiological rest needed for repair. A future was also claimed for massage in certain hysterical affections which simulate surgical diseases, and benefit was stated to have been seen from massage in diseases of the anterior part of the eye. The difficulties attending massage in private practice were alluded to.—Remarks were made by Mr. Knight, Dr. Hunt, Mr. Jeffreys, Mr. Snell, Dr. S. Roberts, Dr. White, and Mr. Jackson.

Terebene in the Treatment of Bronchorrhœa.—Dr. MARTIN gave a few particulars of three cases of bronchorrhœa, in the treatment of which he found the use of pure terebene most useful. Ten minims of pure terebene were made into an emulsion with one drachm of mucilage of tragacanth and ten minims of spirits of chloroform to the ounce of water. In each case the beneficial action was immediate, progressive, and persistent. Dr. Martin laid stress upon the necessity of inquiring into the condition of the kidneys before ordering terebene.—Remarks were made by Mr. Snell, Mr. Browning, Dr. Hargreaves, and Dr. Clarke.

MIDLAND MEDICAL SOCIETY.

A MEETING of this Society was held on Feb. 22nd, Surgeon-Major Turton in the chair.

Elephantoid Œdema of the Face from Lupus.—Dr. SUCKLING showed a woman aged forty-five suffering from this condition. There was no family history of scrofula or lupus, and none of syphilis. When fourteen years of age she had some spots like pimples on each cheek, which spread over the ears and nose, and finally attacking the scalp caused loss of hair. About five years ago the upper eyelids became puffed, and the swelling has since extended over the face and neck. The face is much enlarged and the upper eyelid puffed, pitting slightly on pressure. The skin of the face is scarred and bleached on each cheek, these patches being connected across the nose. The forehead and upper eyelids are unaffected by the scarring process. The disease has extended along the scalp on both sides, leaving white bald cicatricial patches. The neck and face present patches of eczema, and the skin of the trunk is harsh and eczematous. There is no glandular enlargement, and the patient's general health is excellent.

Fracture of First Rib.—Mr. MARSH read a note on fracture of the first rib. He thought that it might be produced in three ways: (1) By direct violence to the posterior portion of the rib; (2) by force applied to the manubrium sterni; (3) by force transmitted through the clavicle. Two cases had recently been under his treatment.

Sarcoma of Uterus.—Mr. JORDAN LLOYD showed for Dr. Hay Moir of Newhall a Uterus, removed post mortem from a child aged three years. It was the seat of a sarcomatous growth the size of a fœtal head. Microscopically it was found to be a mixed round- and spindle-celled sarcoma.

Supra-pubic Lithotomy.—Mr. JORDAN LLOYD read a paper on supra-pubic lithotomy, with notes of six consecutive successful cases.

A meeting of this Society was held on March 7th, Mr. Ross Jordan, President, in the chair.

Non-union after Osteotomy.—Mr. MARSH exhibited a boy, aged seven, with non-union of the left tibia after osteotomy for anterior curvature of the bone. The boy had been operated on four years ago in a provincial hospital, and union was said to have taken place. Eighteen months ago there was some deformity, and a second operation was performed—this time at his own home. The operation was followed by a good deal of suppuration, but there was not any necrosis; the wound healed slowly. He ultimately got about with the aid of crutches, and a boot with an iron upright. The parents discovered the non-union three months ago, and last week brought him to the Queen's Hospital. The left leg is one inch and a half shorter than the right, and the muscles are wasted. At the site of the osteotomy, about two inches below the middle of the tibia, there is a slight overriding of the divided ends, the lower being anterior, somewhat atrophied, and connected with the upper by fibrous tissue; free movement in any direction being only restrained by the fibula. This latter bone is hypertrophied, and curved anteriorly in its lower half, and just above the malleolus is an indication of an old transverse fracture with close fibrous union. Mr. Marsh commented on the rarity of non-union of bones in children, and considered that in this case it was due to local causes; probably imperfect fixation and interference with the medullary artery, and not to constitutional taint, there being no marked diathesis. The boy was, with this exception, well developed, but of what has been aptly termed the "pretty" strumous type.

Suture of Median Nerve.—Mr. MARSH exhibited a successful case of suture of the median nerve. The patient, a woman aged twenty-three, cut her wrist with a broken pane of glass on Oct. 5th, 1887. The wound healed slowly, and sensation was lost over the palm of the hand and over both the anterior and posterior surfaces of the thumb and two adjacent fingers, and partly over the radial side of the ring finger. Trophic changes in the skin and nails, with troublesome ulceration of the tip of the index and radial side of the middle fingers ensued, the hand being cold and useless. She was admitted to the Queen's Hospital on Feb. 8th, and the nerve was sutured the next day. The proximal end was drawn to the ulnar side of the tendon of the palmaris longus, was large and bulbous, and joined at an angle by a thin band of fibrous tissue to the atrophied distal end. The ends were refreshed, placed in good position by stretching the nerve a little and flexing the wrist, and joined by three catgut sutures. Dry boracic dressings were used, and primary union of the wound obtained. Fifteen days after the operation the patient noticed that the thumb and fingers began to "feel different," and two days after this there was a return of sensation over the palm and proximal ends of the thumb and middle finger. This area has slowly increased up to the present time, the index finger alone remaining without sensation. The nutrition of the skin and nails has much improved. The patient was shown at this early stage, as she is about to leave the neighbourhood.

Suppurative Phlebitis of Uterine Veins.—Mr. BARLING showed a specimen of suppurative phlebitis of uterine veins, taken from the body of a woman aged forty, who died fourteen days after a miscarriage, having suffered from symptoms of peritonitis for eleven days. Three days before death it was found that she had a strangulated femoral hernia, which was relieved by operation, with temporary diminution of her symptoms. Post-mortem examination showed pelvic peritonitis, evidently extending from the right side of the uterus; and when the organ was divided, pus was found in some of the veins on the right side, the suppuration having extended in two places to the tissues of the uterus, producing abscesses the size of a nut lying immediately beneath the peritoneum. The strangulated intestine had recovered from its constriction.

Sarcoma of Ovary.—Mr. J. W. TAYLOR showed a specimen of sarcoma of the ovary removed by him from a patient in the Women's Hospital. The specimen had been examined and prepared by Mr. Bland Sutton, and was, in his opinion, of exceptional interest. The patient made a good recovery from the operation, and had remained well since.

Shortening of Forearm following an Accident.—Mr. AUGUSTUS CLAY showed a boy aged fourteen, who had injured his forearm six years ago by falling off a cart. It was treated then as a sprain, and after three weeks was apparently well. Three weeks ago he again hurt his arm, and the shortening was discovered. The wrist is much wider than the other, and the hand is pushed over to the radial side by the increased length of the ulna, which bone is exceptionally prominent and slightly bowed.

Mr. WRIGHT WILSON showed three old documents bearing the signature of Dr. John Ash, the founder of the General Hospital.

Mr. LAWSON TAIT exhibited a large Sarcomatous Kidney that he had recently removed.

Dr. SIMON showed a case of Congenital Heart Disease in a boy aged thirteen.

Dr. SIMON read a paper on Brassfounder's Ague.

NORTHUMBERLAND AND DURHAM MEDICAL SOCIETY.

A MEETING of the above Society was held on Feb. 9th, Dr. G. H. Hume, President, in the chair.

Dr. BRADLEY exhibited a patient, aged eighty-one, upon whom amputation of the forearm had been performed, and drew attention to the fact that the patient, in addition to his great age, was the subject of Bright's disease.

Amputation of Thigh.—Mr. BLACK exhibited two boys whose thighs he had removed by a modification of Furneaux Jordan's operation for old standing hip-joint disease.

Charcot's Joint Disease.—Dr. LIMONT exhibited a man, aged thirty-eight, who ten years ago had syphilis. A year ago the patient had double vision. A swelling afterwards suddenly appeared on his left leg, which disappeared; then a swelling of the left knee occurred. The joint was movable, but much disorganised. There had been no pain. The signs of tabes dorsalis present were lightning pains, diplopia, and loss of knee jerk.

Deformed Tibia.—In the absence of Dr. Heath, Dr. OLIVER exhibited a patient whose right tibia was enormously thickened and bent in a forward direction. There was a history of injury twenty years ago, and of another injury to the tibia five years ago. Dr. Heath regarded the case as one of pathological hypertrophy or chronic ostitis.

Empyema successfully treated by Incision and Drainage.—In the absence of Professor Philipson, Dr. CAVE exhibited a man aged twenty-seven who had been ill for three weeks before being seen. The fluid drawn off by the needle was purulent, so free incision was made under antiseptic precautions. For some weeks after this the patient did not progress satisfactorily. Ultimately, however, he made a good recovery.—Dr. Cave also exhibited a case of Cerebral Tumour.

Empyema treated by Incision-perflation and Drainage.—Dr. OLIVER exhibited a young man thus treated successfully. Previously to being seen he had had his right chest aspirated, a quart of purulent fluid being removed. When first seen there were all the signs of pyo-pneumothorax, and râles over the apex of the lung. Two incisions were made, one anteriorly and the other in the postero-lateral region. Carbolised air was daily driven into the right pleural cavity. The temperature remained normal nearly throughout. By degrees the openings closed, and in eight weeks the patient was well.—Dr. MURPHY alluded to three cases he had lately treated. In two of them he excised portions of the ribs.—Dr. DRUMMOND did not think high temperature was present in primary purulent pleural effusions.

Case of Nephrorrhaphy.—Mr. DODD exhibited a man upon whom he had operated for movable kidney. The patient had been under the care of Dr. Drummond, who gave in detail to the meeting the history of the illness, in which a strain received eight years ago seemed to play a prominent part. Pain and rapid loss of flesh forced the hand of the operator, who found, after making the incision in the usual manner, that there was a complete absence of the ordinary fat which surrounds the kidney. The kidney was fixed by silk sutures. Severe inflammation, followed by free secretion of pus, took place. This, however, subsided, and the patient was now going home—not altogether freed from pain, but practically well.

Dislocated Lens from Injury.—Mr. PAGE exhibited a boy whose lens could be seen lying under the conjunctiva. The eyeball had been ruptured by the accident, and the lens was now undergoing changes.

Tuberculosis of Heart and Pericardium.—This specimen, along with a heart with a chorda tendinea stretched transversely across the interior of the left ventricle, were exhibited by Dr. OLIVER.

Fœtus removed from Extra-uterine Sac by Abdominal Incision; recovery.—Dr. RUTHERFORD MORISON showed this specimen, giving details of the operation. Pregnancy had only advanced a few months. The tumour, which had given rise to severe uterine hæmorrhage, could be felt behind the uterus. On opening the abdomen the cyst was found to be adherent in Douglas's pouch. Severe bleeding followed when the front wall of the cyst was incised, which was checked by the insertion of plugs of gauze. Ultimately, after several days of recurrent hæmorrhage, when the plugs were being removed, the fœtus escaped by the abdominal wound, and the patient made a good recovery.—Dr. MURPHY, who had been present and assisted at the operation, alluded to the early stage of the pregnancy and the difficulties encountered in trying to check the bleeding.

Aneurysm of Aorta opening into Œsophagus.—Dr. BRADLEY exhibited specimens removed from a man who died five minutes after his admission into the Jarrow Memorial Hospital. The stomach contained eight pounds of clot.

The local Museum of Anatomy and Physiology formed the subject of an interesting paper by Dr. MEARS, of the College of Medicine. He regarded a museum as the counterpart of a library, and spoke of the advantages which accrue to the Society by sending interesting specimens exhibited at their meetings or occurring in the practice of members to the Museum. For a museum to be complete, he thought it ought to contain three classes of specimens: (1) A complete series of normal specimens, with notes and histological descriptions; (2) abnormalities; (3) pathological specimens.

He exhibited various specimens and casts that had been made for the Museum of the new College of Medicine.—Remarks were made by Drs. Hume, Mantle, James Drummond, Mr. Page, and Dr. Oliver, and a vote of thanks was heartily awarded to Dr. Mears for his paper.

Notices of Books.

The Comparative Anatomy of the Domesticated Animals. By J. M'FADYEAN, M.B., C.M., Member of the Royal College of Veterinary Surgeons, Lecturer on Anatomy at the Royal Veterinary College, Edinburgh. Pp. 166. Edinburgh and London: W. & A. K. Johnston.—Mr. M'Fadyean's treatise is a part only of a large work, and contains the osteology. It is issued in advance of the remainder in order to meet the requirements of junior students of anatomy under the recent regulations regarding the veterinary examinations. It is a well-written and scholarly account of the bones of the horse, ox, sheep, pig, and cat. The first few pages are devoted to the histology and development of bone. The several bones are then taken in their order in the horse, and are fully and very carefully and accurately described. Then the corresponding bones of the animals above mentioned are considered, and any striking peculiarity or deviation from the type of the horse is pointed out; in many, indeed in most instances, the descriptions are illustrated by excellent woodcuts, of which there are no less than 132. Mr. M'Fadyean's work may be accepted as one of the best and most succinct treatises on the anatomy of the horse that has hitherto been published. It might with great advantage be studied by every man preparing for the examination, not of the College of Veterinary Surgeons only, but of the Colleges of Physicians and Surgeons in London. The examination of the osteology of the domesticated animals would in many cases greatly assist the student in the intelligent apprehension of the structure and peculiarities of the human organism. The type and general get-up of the book are excellent.

A Manual of Comparative Anatomy of the Domesticated Quadrupeds. By N. HORMASJI EDALJI SUKHIA, Demonstrator of, and Lecturer on Anatomy and Physiology at, the Government Veterinary College, Bombay. Pp. 262. Anglo-Jewish and Vernacular Press. 1887.—Dr. Sukhia's work is mainly adapted to assist students in running over the chief points of their anatomy in a short time just prior to their examination. It lays no claim to a philosophical description of the bones and muscles described, but simply gives in the shortest possible manner their salient points. For example, the stylo-hyoid muscle is thus given: "O, occipital styloid process; I, supero-posterior part of the hyoid cornu; A flexes the temporo-hyoideal joint, and thus draws the hyoid bone backwards and downwards, with the parts attached to it; N, the 7th, or facial; R, parotid gland externally, guttural pouch internally. In the operation for opening the pouch this muscle is perforated." This is good as far as it goes, and there are many very useful and carefully compiled tables, but the title of the book is somewhat misleading. It should have been "A Manual of Comparative Osteology, Syndesmology, and Myology," since no mention is made of vessels, viscera, or nervous system. The work is cheaply got up.

Too late for Gordon and Khartoum: the testimony of an independent Eye-witness of the Heroic Efforts for their Rescue and Relief. By ALEX. MACDONALD, F.R.G.S., War Correspondent with the recent Nile Expedition. Pp. 359. London: Murray. 1887.—This is a most interesting history of the expedition despatched—alas, too late—for the rescue of General Gordon, by a war correspondent who accompanied the force until its arrival at Metammeh. It has been drawn up from his notes, made at the time, recording the various exciting events of the expedition, supplemented by the information given in the various official documents published by the Government. In the introductory chapter the author gives a brief history of the circumstances under which General Gordon was sent to Khartoum, the unaccountable vacillation which characterised the conduct of the Government after they became acquainted with the perilous position in which he was placed, and the unjustifiable delay in granting the necessary authority for the relief expedition. "Upon whom the blame of failure rests no one can doubt after a careful perusal of the case of the Government presented by itself in the Blue-books and Parliamentary papers referring to the Soudan and to the Nile Expedition. That the latter—despite the difficulties and obstacles primarily placed in the way of its success by those who were responsible for its despatch, as well as others which, as in all mere human efforts, attended its execution—nearly succeeded in its object is to be attributed to the skill and indomitable perseverance of its chief, and the heroic efforts of the force under his command." But while Mr. Macdonald clearly lays the blame of the sacrifice of Gordon on the Gladstone Ministry, he does not conceal the fact that there were grave mistakes on the part of the military, which conduced in some degree to the fatal delay in reaching Khartoum. There was great neglect in not providing a sufficient amount of camel transport for the march across the Bayuda Desert. "Had a thousand more camels then been available, General Stewart could have gone on to Metammeh and reached it on Jan. 6th without firing a shot." A serious blunder was committed by the staff at Wady Halfa in not sending forward to Dongola a sufficient number of camel drivers. At Jakdul, "as these strings of camels came along I remembered General Buller's repeated refusal at Wady Halfa in November to send more drivers thence to Dongola, on the ground that 'the expedition would be over before they could reach their destination.' As results showed, this scarcity of drivers was a great mistake, and, as at Abu Klea, nearly helped to secure a disaster." Another was the omission to provide General Stewart's force with means of rapid communication with his base. "General Stewart, I know, did ask for a line of heliographs to follow his column, but for some reason or other he was refused, although all the materials for such a line were, to my knowledge, then in store at Korti." Had such means of communication existed, it seems probable that General Stewart would have pushed on at once from Jakdul to Metammeh, and the battle of Abu Klea have been avoided. The history of the expedition up to Khartoum, under the command of Sir Charles Wilson, is graphically given by Mr. Macdonald, who speaks in glowing terms of "the tact, coolness, and courage Sir C. Wilson displayed in the trying circumstances in which he was placed," and expresses no little surprise at Lord Wolseley's conduct in entirely ignoring his services. "We can only account for this ungenerous treatment of a brave and able officer on the ground that Lord Wolseley wrote this despatch when he was almost bewildered through bitter disappointment at the entire failure of his own plans for the rescue of Gordon and the relief of Khartoum." In speaking of the services of the medical officers Mr. Macdonald says: "No terms of commendation can be too strong when referring to the kindness, care, and skill shown throughout this desert march by the medical staff attached to our column." The book is a valuable contribution to the history of the expedition, and bears evidence of having been written carefully and in an impartial spirit, for, while obviously a great admirer of Lord Wolseley, the author has not hesitated to point out the serious errors committed by him, which appear to have contributed to the delay that made the relief force arrive "too late for Gordon and Khartoum."

Engravers and Engraving.—This is a reprint of the Inaugural Address delivered at the Birkenhead Literary and

Scientific Society, Session 31, 1887-88, by Francis Vacher, President. Apart from the fact of its author being a member of our profession, the *brochure* is worthy of notice on account of the artistic style in which it is got up, and the excellence of its illustrations. Mr. Vacher shows the value of the art of engraving in conveying an accurate impression of the pictures of great masters to lovers of art who might not be able to see the original works themselves. He includes in his descriptive sketch engraving on wood, line engraving on steel and copper, etching, mezzotint, and stipple engraving. Having explained the processes employed in each of these varieties, he traces these several branches of the art from their earliest practice, illustrating his remarks by specimens from the works of various great masters. He shows how one style is more fitted to represent one particular subject than another, and throws out valuable hints as to the best means of studying the art more fully. The address, while of general interest, is calculated to prove of great practical use to a not inconsiderable section of the community.

Shepherd's First Aid to the Injured. Revised and rearranged by ROBERT BRUCE. Pp. 91. Revised Edition.—*The Ambulance Pupil.* By a Certificated Member of the St. John Ambulance Association. Pp. 64. Second Edition, revised. London: Crosby. 1888.—These are revised editions of two handbooks on the subject of first aid to the injured. Shepherd's, which was one of the first brought out on the subject, still holds its place as probably the best manual for the use of non-professional persons. The present edition shows a marked improvement in the illustrations. The "Ambulance Pupil" is also well adapted for use in ambulance classes; but we regret to add that the illustrations are very indifferent, especially the two which are supposed to represent the method of procedure in cases of suspended animation from drowning.

Itinerary through Corsica, by its Rail, Carriage, and Forest Roads. By C. B. BLACK. Pp. 44. Edinburgh: A. & C. Black. 1888.—This book will be found very useful by any who desire to explore the island, but it contains very little information respecting the climate or the advantages it offers as a resort for invalids. We gather from it that the hotel accommodation is good at Ajaccio, but elsewhere indifferent or bad. There are three very good maps of the island, a plan of Ajaccio and of its environs, and a copious index to the work.

Graphic Clinical Chart.—Dr. H. Handford (Nottingham) has designed, and Messrs. Wodderspoon have produced for publication, a form of clinical chart, which serves to show how much information of the progress of a case may be compressed within comparatively small limits. The chief novelty in the design consists in including the record of pulse and respiration rate on the same principle as that of the temperature. The lines marking the variations in pulse-rate are to be entered on the chart in red, those of the respiration in green. The idea is not quite original—it was adopted in the essay of Dr. Wilson Fox on the Treatment of Hyperpyrexia (1871); but it is striking and useful, and we have no doubt that it will find favour with all who desire to possess a "graphic" record of their cases.

AT the thirty-third annual meeting of the governors of the Poplar Hospital for Accidents, on the 21st ult., satisfactory financial and general reports were presented and adopted. The number of patients in both the in-patient and out-patient departments has largely exceeded the record of any previous year, and all the legacies devised to the institution during the past two years have been invested.

ON the 1st inst. a demonstration of North London Amalgamated Temperance Associations and church parade was held in aid of the building fund of the Great Northern Central Hospital, Holloway-road.

Analytical Records.

CARBOLIC LOZENGES; ANTI-MOSQUITO SOAP.
(F. C. CALVERT & CO., MANCHESTER.)

As might have been expected from the high reputation of the firm which produces them, these preparations are found by analysis to be exactly what they are described to be. The lozenges distilled with water yield carbolic acid, which is proved to be genuine by the crystalline form under the microscope of the tribromo-derivative. From the soap both carbolic acid and camphor are easily separated. Each of the lozenges contains one-fifth of a grain of pure phenol, and they are so convenient that they will doubtless be extensively used. As to the soap, if it will really keep off mosquitoes and other insects, as seems likely, it will be invaluable. We have known a weak carbolic wash to have a good effect, and the soap may well prove to be more powerful in its action.

KINGZETT'S BACTERICIDE.
(THE SANITAS COMPANY, BETHNAL-GREEN.)

This appears to be the well-known sanitas with the addition of mercuric chloride. It is stated to contain 5 per cent. of corrosive sublimate, which our analysis confirms, as we found 5·24 grammes in 100 cubic centimetres. The solution which we examined was somewhat turbid. It need hardly be said that it is a very powerful disinfectant.

SELF-DIGESTING WHOLE-MEAL FOOD, READY FOR USE WITHOUT BOILING OR STRAINING.
(SAVORY & MOORE, NEW BOND-STREET.)

This food, produced, we understand, at the suggestion of an eminent London physician, is an admirable preparation of whole-meal with active diastase. Following the printed directions, we added half-a-pint of boiling water to a thin paste made with two tablespoonfuls of the food and cold water. Liquefaction took place rapidly, and on cooling the liquid gave, on testing with iodine, little blue colour, but a very strong reaction of the so-called erythrodextrin. Thus almost the whole of the starch is in this very simple manner converted into an easily digestible mixture of carbohydrates.

TAUNUS WATER, FROM THE SPRING AT GROSSKARBEN, FRANKFURT AM MAIN.
(THE TAUNUS COMPANY, 23, LIME-STREET, LONDON.)

This interesting mineral water contains, according to our analysis, 3080 grains of solid matter per gallon. It is aerated, and contains little sulphate, but much carbonate and chloride of magnesium, calcium, sodium, and other metals. Iron in notable quantity and a trace of lithium are also present. There can be no doubt that this is a natural water, and that it is powerful and likely to be useful.

LAGER PILSENER BIER (BREWED IN GERMANY).
(FREDERICK JACOB & CO., THEOBALD'S-ROAD, LONDON.)

In this beer we find the following ingredients in parts by weight in 100 volumes.

Alcohol	4·65
Equal to proof spirit	10·20
Extract dried at 100° C.	3·40
Ash	0·225

The beer is excellent in taste, and, as the analysis shows, somewhat strong. It is quite free from turbidity. The increased use of lager beer in England is a remarkable fact, and should stimulate our brewers to rivalry.

NATURAL (REGISTERED) SELTZER: CATLEY ABBEY.
(NATURAL SELTZER WATER COMPANY, SLEAFORD, LINCOLNSHIRE.)

The appearance of a new English mineral water is somewhat of a novelty. We find in this water 206·61 grains per gallon of solid matter, which is more than is claimed in the published analysis. The metals present we find to be

sodium, potassium, calcium, magnesium, and iron, in the form of chlorides, sulphates, and carbonates. The most important ingredient is sodium sulphate; the water, however, is not to be classed among the active purgatives, but rather as a gentle alterative, for which it appears well adapted.

SEATREES' CUMBERLAND BROWN BREAD MEAL.
(SEATREES & SONS, LIVERPOOL AND PENRITH.)

Several cereals, easily identified under the microscope, are united in this meal. It is sufficiently decorticated to prevent the irritant action of the husk, and the bread made from it is wholesome, easily digestible, and nutritious.

New Inventions.

INDIARUBBER EAR-SPOUT.

I WISH to draw the attention of the profession to an indiarubber ear-spout, which I have found of considerable utility in the treatment of certain affections of the auditory apparatus. It is made from my suggestions by Messrs. Arnold and Sons, of West Smithfield, and the accompanying illustration will convey a pretty accurate idea of its construction. The instrument is made for the right as well as the left ear, with an opening through which the ear is passed and to which it is suspended. A tubing of convenient length is attached to convey the water into a basin or other vessel. I have long discarded the use of the ordinary ear syringe, finding the indiarubber syphon enema with earpiece attached to be far more useful. Another feature worthy of note in this syringe is that it is made in one piece, and will not crack.

CH. SPURWAY, M.R.C.S. &c.

THE NATIONAL PENSION FUND FOR NURSES.

THE prospectus of this institution has now been issued, and the public and the nurses are in a position to judge of the benefits which have been secured by the liberality of its promoters. It would indeed be ungenerous not to acknowledge in the amplest terms the princely munificence of the four gentlemen who have between them contributed the sum of £20,000 to be held as the required Government deposit for the solvency of their projected Pension Fund, and who, moreover, have made a present of the income which, at least for many years to come, this capital sum will earn. They have done nobly, and we are persuaded that to no one would the disappointment be greater than to them if by any mismanagement the great opportunity which their liberality has provided should be thrown away. Yet of this there is at present only too much ground for apprehension. A letter which has appeared in *The Times*, bearing the signatures of official members of three different Women's Benefit Societies, puts with great force the objection that "the charitable element in the Society is calculated to deal a blow to the cause of women's independence and providence in other trades and occupations. Women are beginning to organise and manage trade and benefit societies for themselves, unaided by charity, and many a poor seamstress is paying 2*d.* a week to receive the business-rate benefit of 5*s.* a week. Will she continue this when she hears that the higher-paid nurse gets a larger sum for her money? Provision made for the nurse with the help of the charitable will tend to lower her wages. A person possessed of the skill and training of a medical nurse, exposed, moreover, to risks, and early superannuated, should be able to command a wage sufficient to provide against such inevitable ills of life as sickness and old age. She should command it as much as the mason or the miner." In these objections there is great and undeniable force, nor can it be said that they are urged only in the interest of rival institutions, since the very acute remark that "provision made for the nurse with the help of the charitable will tend to lower her wages" is one which embodies the results of much experience of the miscarriage of benevolence. Again and again has it turned out that gifts have proved illusory boons to those whom they were intended to benefit, because they have brought into play competition which has forced the recipients to abate to their employers a sum equal to that which they received from their would-be benefactors. It was chiefly the ruinous operation of this cause upon the agricultural community which led in the early part of the present century to a revolutionary reform of the Poor Law and the abolition of allowances from the rates to labourers in actual work, and there is much reason to look very narrowly into any proposal such as this which the trustees of the Women's Benefit Societies have attacked to see if it may not under the illusory appearance of conferring a boon be really imposing a burden.

But, quite apart from any intricate questions of that sort, we find in this prospectus much to moderate the satisfaction with which we welcome the new institution. In the first place, the Pension Tables appear to us to have been computed on a not very liberal scale. For example, we find a table giving the rates of premium chargeable for an annuity of £15 to be entered upon at the age of fifty, fifty-five, or sixty years. This table gives quarterly premiums, and from it we gather that an entrant at the age of twenty years must pay for a pension to commence at the age of fifty £4 11*s.* 8*d.* a year; for one to commence at fifty-five, £3 a year; and for one to commence at sixty, £1 18*s.* 8*d.* a year. Now, it is well known that the great insurance companies do business of the same description, and, referring to the prospectus of one of the largest of these companies, we find that the same amount in pension may be obtained there by an entrant of the same age (twenty) on the following terms For a pension to commence at the age of fifty, £3 12*s.* 9*d.* a year, for one to commence at fifty-five, £2 8*s.* 2*d.* a year; and for one to commence at sixty, £1 10*s.* 5*d.* a year. It is true that the promoters of the Pension Fund express a *hope* that in the case of the pension to be entered upon at sixty years of age the amount will be actually increased to £26 in place of the nominal sum of £15, but it is a very bold thing to ask a policy holder to speculate on a vague promise of that sort to the extent of adding 37 per cent. to her annual premium. It is surely very strange that, with all the advantages which the promoters of this Society possess for the preparation of a liberal scale of premium rates, they should have fallen so far behind the open market. For it should be added that the instance which we have selected for comparison is one that exhibits the table to good advantage, and that throughout it offers terms much less liberal than the nurse can obtain by going to a well-selected assurance company.

Equally disadvantageous are the regulations to which the holders of these policies are to be subjected. For example, "no one is to be allowed to join the sickness fund without at the same time contributing at least three times as much per annum to the annuity fund." And again, "contributions to and benefits from the sickness fund are to cease on retiring from the occupation of nurse or on leaving the United Kingdom." Gratuitous and unnecessary restrictions such as these will do much to counterbalance the advantage of an "unearned increment" in the shape of charitable contributions to the benefit funds, and will do even more to render the scheme unpopular when it comes to be known in actual working. We have no doubt that they have been framed with very good intentions, but they are little calculated in our judgment to promote either the substantial interest or the comfort of those whom the Pension Fund has been founded to benefit. We greatly doubt if, after all, the nurses will not find that their best friends are those who urge them to take the control of their Friendly Society business into their own hands and courteously decline the gifts of the philanthropists who are volunteering for the management of their affairs.

THE LANCET.

LONDON: SATURDAY, APRIL 7, 1888.

THE Coroners Act of last year was a Consolidation Act, and the law as regards coroners, their mode of election, payments, course of procedure, and powers, remained practically unaltered. This year the Lord Chancellor has introduced into the House of Lords an "Amendment Bill," which, if carried, would deprive the freeholders of counties of a right and privilege which they have exercised and enjoyed in the selection of their coroner since the establishment of that ancient, honourable, and important office. The chief provisions of the Bill are as follows:—Clause 1 vests the appointment of coroners for counties and boroughs, and franchise coroners, in the Lord Chancellor. Clause 2 extends the jurisdiction of a coroner to inquiry into the cause of any fire occurring within his jurisdiction, provided he is requested so to do by the authorities mentioned in the clause; and Clause 3 provides for the remuneration of county coroners by "such reasonable annual salary out of the local rate as may be agreed upon between the coroner and the local authority of the county, or as, in default of agreement, may be determined by a Secretary of State, having regard to the average number of inquests held by the coroner in the five years immediately preceding this Act," with a provision for the revision, with regard to the same test, of the salary, after the lapse of every successive period of five years. A subsequent clause enables the division of a county into coroners' districts, and the alteration of coroners' districts, by Order of Council.

We are well aware that the method of election of county coroners has not been of late years free from abuses, which have gradually crept in from want of proper definition of the term "freeholder," and that the cost in connexion with an election has in some cases equalled, if not occasionally exceeded, that often expended by a member of Parliament before the recent Corrupt and Illegal Practices Act, to limit the expenditure of such elections, was passed. We were hoping that the short Amendment Bill introduced last year would have met all difficulties in this respect, by defining the freeholders as those only upon the Parliamentary Register, and thus limiting the expenses and regulating the election under the provisions of the Act of 1883 referred to. But by the present Bill the Lord Chancellor arrogates to himself the right of appointing all coroners, in direct opposition to the principles expressed in the recent County Government Bill, which recognises the value and rights of popular election by declaring that all the administrators in the government of the county and its chief officers shall be elected by the vote of the ratepayers. We believe that members of the legal, as well as those of the medical, profession will resist such a monopoly as the present Bill seeks to establish, and we trust that the county electors will not easily allow themselves to be deprived of those rights and privileges which they have exercised uninterruptedly for so many past centuries. In the duties which the coroner is called upon to perform it is absolutely essential that he should have the confidence of the inhabitants in that portion of the county over which he presides, and it is the enjoyment of that confidence, and the full knowledge that he is the elected of the people, that give him strength and independence in the discharge of his duties. In the exercise of these he may occasionally have to expose abuses or record censure, which, if elected by patronage or personal favour, he might sometimes hesitate to do. We are not aware that the freeholders, in the choice of their coroner, have abused a power, or given occasion for offence, that they should thus be deprived of their ancient rights and privileges; and when we recollect those who have held office in Middlesex, notably the late Mr. THOMAS WAKLEY (to whom county coroners are indebted for the movement which resulted in their being paid by salary instead of fees—*vide* THE LANCET, Sept. 8th, 1860, p. 247), Sir JOHN HUMPHREYS, Dr. LANKESTER, and their respective successors, we cannot believe that the choice of the electors has been at any time misguided or misplaced, or that coroners so elected have failed in the duties of the office, or have proved unworthy of the confidence reposed in them. From our own point of view, as members of the medical profession, we certainly resist this retrograde movement on the part of the Lord Chancellor.

Surely, if the appointment of coroner should at any time be taken out of the hands of the present freeholders, it would be preferable that the election should rest with the new County Councils rather than be left in the hands of one person. When a member of Parliament is nominated to any office of State, he has again to present himself before his constituents that they may confirm the appointment. We trust the time is, however, far distant when the county voters will quietly allow the right of electing their own coroner to pass into the hands of the Lord Chancellor or into those of any other man, thus permitting the *vox populi* to sink into oblivion, and tacitly resigning privileges which they may never hereafter regain.

A BITTER attack recently made upon the profession in the pages of a novel reminds us that at the present day all classes and professions are to a certain extent at the mercy of the writer of fiction. Novels now enjoy a portentous popularity, unparalleled, and indeed unapproached, at any other epoch of the world's history, and form the sole intellectual pabulum of thousands. We are not concerned at present to inquire how far this preponderance of one species—and that certainly not the highest—of literature is a thing to be deplored or to be cheerfully acquiesced in; but there can be no doubt that the novelist is, whether by accident or deliberate intent, one of the potent forces of the age. No doubt he does not usually pose as a teacher or moralist, didactic novels being commonly regarded both as artistically defective and as destined to a precarious popularity, and few readers of fiction deliberately base either opinion or conduct upon the dictum of a novelist. Not the less, however, is it most true that the books we read influence our mental and moral nature as powerfully, though as insensibly, as the air we breathe affects our bodies; and hence the fiction of the day not only reflects, but to no inconsiderable extent moulds, current thought and opinion.

It is not, then, a matter of indifference to us that our professional methods, aims, and work should be honestly depicted, and not maliciously caricatured, in the pages of the modern novel.

Taking a broad view of the subject, we do not think that any complaint can justly be made regarding the portraiture of medical science and its professors which is to be found in the fiction of this century. No doubt the picture is often palpably defective in some of its details, and the lack of practical knowledge is on many occasions abundantly manifest, but there is seldom any designed ill-will or palpable untruth. Medical practice is commonly depicted as an admirable field for the exercise of all the nobler qualities—courage, endurance, self-reliance, foresight, patience, sympathy; and the skill, wisdom, and matured experience which distinguish the leaders of our profession receive ample and ungrudging recognition. We can hardly complain that the reverse of this picture is also painted with no hesitating hand, and that ignorance, quackery, and cupidity are held up to merited ridicule and reprobation. We must remember that the aim of the novelist is primarily to amuse, and that satire is often a readier means to this end than serious delineation. It is not surprising, then, that a writer like DICKENS, who delighted to paint, not average humanity, but oddities, whether amiable or ridiculous, should seize the ludicrous side of medical life, and find a congenial subject in the freaks of the medical student of the day. A higher moral teacher has given us in the hero of "Middlemarch" a professional portrait of which we may be justly proud. The young and high-spirited surgeon, full of generous aims and noble ambition, who struggles through the difficulties presented by the narrow sympathies and petty jealousies of a small country town, is a powerful study which can hardly leave the most careless reader unimpressed. A favourite novelist of to-day, Mr. R. L. STEVENSON, has gone perhaps further than any other writer in praise of our profession, when he pronounces the physician as "the flower of modern civilisation," and does not hesitate to place him as first in the rank of those who struggle for the elevation of humanity.

As no habit is more wholesome than that of looking at ourselves from the point of view of others, we may with advantage consider those characteristics of our profession which apparently unfavourably impress observers so shrewd as are many of our novelists. First among these we must place professional jealousy and professional differences of opinion. The former is no doubt a great evil. An enlarging knowledge of the world teaches us that a scrupulous regard for the rights of our professional competitors and a honourable solicitude for their professional reputation are not only right, but eminently wise and politic. The whole profession is wounded by a slander upon any member of it, and, while there must always be great contrasts in point of natural talent and acquired experience, it is our duty not rashly or lightly to utter any word which may be even perverted to imply that a professional brother is incapable of discharging with credit the work which daily devolves upon him. As regards professional differences of opinion, we think a little more candour would often be advantageous. When we find a bench of judges perhaps evenly divided upon the meaning of a statute laboriously constructed so as to ensure perfect precision and lucidity of meaning, we cannot see that there need be any hesitation in confessing that serious difference of opinion, even amongst the ablest and wisest of our profession, is often inevitable in dealing with the difficult and sometimes inscrutable processes of disease. Medicine is not, perhaps never will be, an exact science, and mathematical certainty of diagnosis or prognosis is often simply impossible. Sensible men will speedily recognise this fact and appreciate our candour, if we are careful to abstain from the assumption of knowledge which we do not possess.

A more serious charge has lately been urged with some persistence—viz, that medical men unduly trifle with their patients for the purpose of advancing science, and that our hospitals especially are the scene of dangerous experiments in which the interests of the suffering are subordinated to the acquisition of knowledge. Now, if it be once thoroughly realised that medical science is still largely empirical, and that new remedies and new methods of treatment are constantly being suggested for the improvement of our art, it is obvious that in a certain sense experiment is not only justifiable, but absolutely incumbent upon us. If every trial of a novelty in practice were ruled out of court as inadmissible because involving something in the nature of an experiment, we should never have advanced beyond the wild theories and crude practice of HIPPOCRATES and GALEN. We should still be holding fast to long-exploded errors and practising antiquated methods of treatment, to the infinite loss and detriment of humanity. We must seek truth in spite of detraction and misrepresentation, and a cautious trial of any remedy or any therapeutic method which offers fair hope of saving one additional life or allaying one human pang must be courageously and perseveringly essayed.

The days are gone when medical art could cover itself with that cloak of mystery so dear to many. The "fierce light" of modern criticism beats upon us, as upon all. We do not complain of that; we welcome it rather, provided always that the criticism is founded on real knowledge, advanced in the spirit of charity, and that due care be exercised that truth is not sacrificed to the exigencies of fiction or satire.

THE recently issued report of the Mansion House Council on the Dwellings of the People fully justifies the existence of a body which has, during the past few years, done a valuable work in promoting improvement in the condition of the housing of the poorer part of our metropolitan population. The very existence of the Society is, however, a reflection on the sanitary administration of London, and this is perhaps revealed as markedly as it well could be by the circumstances reported as to Bethnal-green. That parish has a vestry as its sanitary authority, and it might fairly have been assumed that this body knew it required a sufficient staff to deal with its vast population. And yet in January, 1887, the Mansion House Council brought under the notice of this authority the fact that within their own jurisdiction there were palpable nuisances by the thousand, and, amongst other things, that there were as many as 1498 waterclosets without a water supply. The staff provided by the vestry actually includes no more than two inspectors of nuisances for a population of 130,000; and, as the result of a second inspection, it

was found that they had only succeeded in remedying about 20 per cent. of the evils complained of. At last the Council communicated with the Local Government Board, begging them to urge upon the vestry the need for a considerable increase in their sanitary staff. Later on, it will be remembered, the Home Secretary appointed Mr. D. CUBITT NICHOLS and Mr. SHIRLEY F. MURPHY to hold an inquiry into the sanitary condition of Bethnal-green; and at that inquiry it was elicited from the medical officer of health that he had refrained from reporting on properties that he should otherwise have wished to deal with because "he knew it was no good reporting them"—a conclusion, it is due to him to say, to which he was forced after having reported very many houses under the Act without the vestry having taken the proceedings which the law requires. Whilst we welcome the action of the Mansion House Council, we cannot but regard it as most discreditable that it should be necessary for a purely voluntary body of private gentlemen to combine for the purpose of exposing the glaring evils of London sanitary administration, both as regards nuisances which should be obvious to the most uneducated vestryman or sanitary inspector, and as to the absence of an adequate staff to fulfil even the more pressing of their ordinary sanitary duties. When the report of the Commissioners on Bethnal-green is issued we expect to find a painful record of neglected work; and the public will probably see how much they owe to the Mansion House Council for having secured a thorough investigation into the working of metropolitan local sanitary administration in that parish. As yet that Council appears to be the only body who act on behalf of ratepayers in insisting on reports being made by the medical officer of health as to the condition of property under TORRENS's Act; and for the work that they do in this respect, and in securing the exposure of doggedly maintained neglect in matters vitally affecting the health of the London poor, they well deserve the support of the general public.

A SHARP CONTROVERSY has arisen in Bristol over an attempt to exclude from honorary surgical appointments in the Bristol Royal Infirmary all but such as hold the Fellowship of the Royal College of Surgeons of England, and from honorary medical offices all but those who, in addition to possessing a degree from one of the universities of the United Kingdom, shall be a Fellow or Member of the Royal College of Physicians of London. Notice of motion to alter the rules in the above sense was given. But the notice was very short, only some six days. An amendment was carried to postpone consideration of the motion till the next quarterly Board. The supporters of monopoly will have some difficulty in carrying their point. In former times monopolies were both more reasonable and more in accordance with the spirit of the age than they are now. The Medical Act of 1858 obliterated all mere territorial limitations of qualification, and made the diplomate of Edinburgh equally free to practise in London and *vice versâ*, as regards legal rights in general practice. This did not interfere with the laws of hospitals maintained by private subscription. It is reasonable to argue that as territorial restrictions have been abolished by law they should no longer be upheld in the laws of hospitals. But the question is not yet free from all difficulties, and is by no means so easy as Mr. JAMES STEWART, B.A. Qu. Univ., would imply in his letter to the *Western Daily Press*. Mr. STEWART argues that the Medical Council has for thirty years been charged with the duty of seeing to the work of the examining bodies in each division of the kingdom. It does not follow that the Council has been doing its work well all this time. But it is still more important to observe that the Council's duty was to test the mere competence of men for ordinary practice, not for high posts in hospitals. Hospitals want not merely competent men, but men with some high qualifications, guaranteeing exceptional attainments. We agree entirely with Mr. STEWART in thinking that all such qualifications should be accepted, whether they come from England, Ireland, or Scotland, and the friends of the English Colleges do their Colleges a doubtful service in attempting to revive territorial distinctions, when everybody is anxious to prove that we are a united kingdom. But an ordinary diploma does not give any such guarantee. Until very lately the higher qualifications of the Edinburgh and Glasgow corporations could be practically bought by any one *without examination;* whereas the higher qualifications of the English Colleges were real proofs of exceptional merit. No wonder that under such circumstances the English Colleges felt that, in England at least, there was ground for regarding their qualifications as superior proofs of merit and entitled to a monopoly. Had this Bristol motion been raised a few years ago it would have had considerable show of reason. But it can scarcely be defended now. Thanks very much to the exposures of THE LANCET the Scottish corporations now no longer *sell* their highest qualifications. They are to be obtained like that of the English College of Surgeons—only after a higher examination than that for the ordinary qualifying examination. We have had no authoritative and disinterested statement of the worth of these higher examinations in Scotland. It is, unfortunately, no part of the Medical Council's duty to supervise them. This is a great defect in the Medical Act, which we have steadily pointed out. But if the opponents of monopoly wish to score a triumph, they have only to show that the higher diplomas of the examining bodies in Ireland and Scotland really signify the same merit as those of London. If this can be shown in Bristol, they are not likely to be unsuccessful. But they are bound to show this much.

Annotations.

"Ne quid nimis."

TEMPERATURE AND MORTALITY IN THE FIRST QUARTER OF 1888.

THE weather of the first quarter of this year was of an exceptionally wintry character, for although the frosts were not severe or of long duration, the temperature was below the average on sixty-one of the ninety-one days in the three months, and the proportion of north-easterly winds was above the average. The mean temperature of January slightly exceeded the average, while that of February and March was considerably below the average. The number of hours of registered bright sunshine at the Royal Observatory was only 84·3 during the quarter, and was

less than half the average amount for the corresponding quarter of the year. It is the more satisfactory to find that the health of the country, judged by the Registrar-General's mortality statistics, was above the average during the past three months, notwithstanding the unfavourable and depressing meteorological conditions of the quarter. It appears from the statistics published in the Registrar-General's returns for the first thirteen weeks of this year that the annual rate of mortality among the nearly nine millions and a half of persons estimated to be living in twenty-eight of the largest English towns was equal to 22·0 per 1000 during last quarter, which was no less than 1·9 below the mean rate in these towns in the corresponding periods of the ten years 1878-87, and was almost identical with the death-rate in the first quarter of last year. The rate in London was 22·0 (slightly below the mean rate in the twenty-eight towns), and, although 1·3 above the rate in the first quarter of last year, was 1·7 below the mean rate in the corresponding periods of the ten years 1878-87. The mean rate in the twenty-seven provincial towns very slightly exceeded the rate in London. From these figures it may fairly be inferred that the death-rate in the whole country was considerably below the ten years' average for the quarter. It is especially noteworthy that the deaths referred to diseases of the respiratory organs in London during the quarter were no less than 8 per cent. below the corrected average, showing the absence of snow and prolonged frost more than compensated, in its effect on the mortality, for the long continuance of wintry weather and cold winds during the past few months.

THE PHYSICAL TRAINING OF THE GREEKS AND ROMANS.

THE Thursday lecture on March 22nd, given at the Parkes Museum by Mr. Alexander Murray, the keeper of the Greek and Roman antiquities of the British Museum, was of no ordinary interest. The subject, that of the physical training of the Greeks and Romans, was attractive to the sanitarian, the athlete, and the antiquary, and it is needless to say that it was handled with great ability by the learned lecturer, whose discourse afforded that evidence of research and literary culture which was to be expected from one whose reputation is so well established. "The Greek notion of physical training," we are told, "was associated in one of the oldest Greek legends with the practice of medicine. The Centaur Cheiron not only instructed the young Achilles and others in bodily exercise, but he also taught them at least as much of surgery as to make them able to attend to such wounds and bruises as were likely to arise in the rough life they were to lead." Even Apollo learned something of medicine from the Centaur Cheiron, and Apollo was one of the gods of the Greek gymnasia, of which, however, Hermes was the principal deity. According to the old poet Simonides, the two things which the Greeks desired most were to be healthy and to be beautiful. "This statement," said Mr. Murray, "is perfectly true as to health, and would be equally true as to beauty if we used the word in the same strict sense as did the Greeks. They applied it to a beauty which was, or seemed to be, the result of careful physical training; and if you wish to see what they regarded as the perfection of beauty of this kind, you have only to go to the Elgin-room of the British Museum and observe the frieze of the Parthenon." The sculptor had anticipated Plato in assigning to horsemanship the first place in physical training, and the frieze might be considered as a vast glorification of youth. From this point of view, as well as from the artistic one, the frieze of the Parthenon is unique, and it stands alone as a vast conception devoted to the glorification of youth made beautiful by healthy exercises. It might be suggested that there was too much uniformity in the type of the youths represented in the frieze of the Parthenon, but this objection is the result of tastes formed in the bust' and variety of modern life, and whenever there is a continuous application of many persons to one pursuit uniformity of appearance is to be expected. The great object of the physical training of the Greeks was to prepare boys and youths for the military profession, and also to ensure health for those who were to devote themselves to statecraft or literature. The games which the children played were very much the same as those in vogue at the present day. Balls, hoops, see-saw, knuckle-bones, tug-of-war, blind-man's-buff, and leap-frog were all popular with the Grecian children, and, like the modern children, they built toy houses and modelled boats and beasts. According to Galen, boys of seven were allowed to commence horsemanship, and soon after this the youths entered at the public gymnasia or palæstra, where properly regulated exercises were carried out under the direction of a gymnasiarch. In the public gymnasia great and implicit obedience was exacted, and much care was used to proportion the exercises to the age and strength of the learners, and to ensure that competitors were selected with due regard to these two conditions. Mr. Murray reviewed the exercises in detail, and dealt in the first place with foot races, speed of foot being of great importance, not only in war, but in carrying messages in a country where roads were bad. These races were mostly for short distances, although it was customary to make the course "heavy" by laying deep sand upon it; and occasionally races in full armour were ordained in order to try severely both strength and endurance. Many Grecian runners were possessed of enormous "staying" power, the most notable example perhaps being found in Pheidippides, who carried the news of the approach of the Persians from Athens to Sparta (a distance of 112 miles over mountain paths) in two days. Wrestling and boxing, and the combination of these two exercises in the "Pankration," were very popular; and it was mentioned that those who took part in these contests had their bodies oiled and then sprinkled with fine sand, a proceeding the object of which it is difficult to understand. A common form of contest was found in the Pentathlon, in which the competitors met in a series of five exercises—viz., running, leaping, wrestling, disc and spear throwing. The most popular form of leaping was the long jump, in which the athlete used a spring-board and carried in his hand two iron "dumb-bells," called *halteres*. The Romans afford a great contrast to the Greeks in the matter of exercise. With the Romans the great institution was the bath, combined with so much exercise only as was sufficient to keep the body in training. The luxurious Romans delighted, in the intervals of campaigns, to be amused; to luxuriate in the bath and watch the gladiatorial and other spectacles in the amphitheatres. Rome was the great centre for professional athletes, while Greece was the home of the gentleman amateur.

THE PROFITS OF VACCINATION.

THE anti-vaccinationists are very hard up for arguments. This should induce us to be somewhat merciful to them. Otherwise the absurdity of their propositions and the meanness of their suggestions might tempt us to treat their statements with contempt. One of the pet statements of anti-vaccinationists is that medical men support the vaccination laws because they profit by them. Few statements could be more misleading. The great majority of medical men lose in every way by the vaccination laws. First, they lose by the arrangements for public vaccination. The vaccination authorities select one man out of a large district to vaccinate. He takes away for this purpose the patients of other medical men. Such an arrangement is

satisfactory to the man selected. But only men with an anti-vaccination twist of mind can conceive it to be satisfactory to others—that is, to nineteen out of twenty. So much for medical men whose practice is among the poor. As for those who practise among the rich, their demoralisation is complete, according to a writer in an evening contemporary. When a real or rumoured case of small-pox occurs in the neighbourhood of a public school "the doctor and the master *affect to be alarmed*," and as a precautionary measure all the boys are revaccinated. The master does not get all the money, and at a convenient interval the operation is repeated." Such is the argument. Doctors do not "affect" to be alarmed when small-pox is in the neighbourhood of a public school or reported to be; they are really so. They would be guilty of something like manslaughter if they did not revaccinate all who had not been revaccinated. If Mr. Young will favour us with any single case in which a boy once successfully revaccinated at a public school has had the operation repeated in the school period we shall feel obliged to him. It is not by such statements, as reckless as they are rude, that the operation of revaccination is to be discredited. As regards the profit accruing to the doctor, it is a mere pittance compared with that of attendance on small-pox cases which the neglect of vaccination and revaccination infallibly bring to the profession. Parents, in London especially, just now know something of the money cost of a virulently infectious disease in the family—to say nothing of death risks; £50 per case, including nursing, disinfection, loss of business, destruction of bedding, &c., is a moderate estimate. Small-pox is not less costly than scarlet fever.

SURGICAL CONGRESS AT NAPLES.

ON the 27th ult. the leading surgeons of Italy assembled in the Sala Tarsia at Naples to discuss a series of questions of professional and national interest. Professor Durante presided, and in his opening address he paid an eloquent tribute to the memory of Vanzetti of Padua, who, octogenarian as he was, died all too soon for science. The papers that followed were all of them well chosen as to subject, and, so far as evoking salutary discussion was their aim, eminently successful. The official publication of these will include that of Professor Andrea Ceccarelli of Parma on Tannin in the Treatment of Tuberculous Affections, in which he set forth the good effects resulting from its use, local as well as internal. Dr. Ambrosio of Naples followed with some interesting notes on the Transplantation of Pieces of Aseptic Sponge in the Cure of Ulcers and Wounds; and after him came Professor Lampiasi of Trapani on Bacteriological Researches in Tetanus, who professed to have found and cultivated the micro-organism of tetanus, by which he has been able to produce genuine tetanoid symptoms in many animals. This closed the proceedings of the first day of the Congress, and on the second Dr. Ernesto Tricomi of Rome read a paper on Septicæmia and Pyæmia in Man, contending for a variety of septicæmias all due to diverse bacteria. Bacteriology, indeed, figured largely in the programme, the two next communications being on that subject, one by Professor Maffucci, and another by Dr. Neri of Rome on Micro-organisms in the Surgical Wards of the Roman Hospital, in which he showed that the renewal of air in a hospital should be effected from floor to ceiling, and not, as is invariably done, from ceiling to floor. Professor D'Antona followed with a paper on Transverse Fracture of the Patella, with Resection and Suture, which led to a long discussion: Bozzini and Vercelli favouring tenotomy; Paci of Pisa, myotomy, to bring together the fractured margins of the patella; Postemski, the hooks of Malgaigne; while Ceci of Genoa's metallic suture was the method approved by D'Antona himself. Another interesting debate was that started by Caselli on the revival of the abandoned metallic sutures in osseous fractures, in which the leaders of the Congress all took part; and the proceedings were brought to a close by an interesting report from D'Urso of Naples on Prostatic Hypertrophy. The official publication of the papers and of the comments they evoked will prove a valuable contribution to the bibliography of recent surgery.

FAILURE OF AN ACTION AGAINST A MEDICAL MAN.

A CASE of some interest has been heard before the judge of the County Court at Yarmouth affecting the reputation of a medical man, who was the defendant—Mr. A. C. Mayo. He was some fifteen months ago in attendance on Mrs. Grief, the wife of Mr. G. H. Grief, now in the employ of the North Sea Trawling Company. As she did not improve, a consultation was suggested, and Dr. Collier was proposed by the husband. Mr. Mayo expressed himself as willing to give the case up to Dr. Collier, a junior, or to meet Mr. Meadows. It was arranged that he should meet Mr. Meadows. Hearing a report that Mrs. Grief had called in Dr. Collier without acquainting him with the fact, Mr. Mayo expressed his annoyance, and withdrew from the case. This report was, however, incorrect, as he ascertained by writing to Dr. Collier, whose reply was quite satisfactory. Mr. Mayo's annoyance was alleged by the plaintiff and his wife to have reached the point of excitement, in which he used violent language, which, operating on her emotional nature, produced spitting of blood &c. Hence the action to recover £50 for alleged neglect of medical treatment and for abusive language. The language attributed to Mr. Mayo he emphatically denied, and the judge was perfectly satisfied with his action in the case, and with his disclaimer. So far from his treatment being at fault, it was sustained and developed by Mr. Meadows, who succeeded him. Judgment was given for the defendant, the judge saying it was very important that medical men should vindicate their characters, and he considered Mr. Mayo had done so most completely. The public and the public press have given expression to their satisfaction with the verdict, and we trust the case will operate as a discouragement to those who lightly attack the reputation of medical men.

MUMPS IN A RUSSIAN REGIMENT.

DR. A. PROZOROVSKI, a Russian military surgeon, describes in the Proceedings of the Caucasian Medical Society an epidemic of mumps occurring in the Gruzinski Regiment during the beginning of last year—a regiment which had been free from this affection for eighteen years. Altogether fourteen men were attacked, all of them belonging to two battalions only, the other battalions being quite free. Ten of the patients were young soldiers, who were less capable than older men of withstanding infection in consequence of their being somewhat pulled down by the change of climate and manner of living. Only three of the fourteen cases were completely free from fever. In the others there was more or less pyrexia of an intermittent type, remissions occurring especially on the testicles becoming affected. In five cases the spleen was enlarged—probably, according to Dr. Prozorovski, a direct consequence of the parotid affection. In one of these the testicle was affected twenty-four hours before the parotids and after the inflammation in these two organs had subsided fever came on, followed by enlargement and tenderness of the spleen. In all the other thirteen cases the affection commenced in the parotids. Both sides were enlarged in seven cases. the left side alone in five, and the right alone in two cases. Where both sides were affected the enlarge-

ment was simultaneous, except in one instance where the two glands were successively inflamed. Orchitis occurred in nine cases, the right side being affected in seven and the left in two cases. The right testicle was affected when the right parotid was inflamed, the left testicle more particularly in the cases where both parotids were implicated. Usually it was found that when the testicle became affected the parotitis decreased. In no case was any atrophy of the testicle observed subsequently. The mean duration of the cases was eleven days.

CANCER TREATED BY ERYSIPELAS INOCULATION.

THAT an attack of erysipelas will often profoundly modify, or even cure, another disease which may be present in the subject at the time has long been known; but it remained for Busch and Fehleisen to deliberately expose patients suffering from malignant growths to the action of the virus in the hope of curing the graver malady. Fehleisen's were the first cases in which the virus was inoculated, and his cases served as subsidiary confirmation of the pathogenic character of the streptococcus which he had isolated, and cultures of which were employed in his inoculations. The method, he remarks, is naturally only to be thought of when the malignant growth is beyond the reach of operative removal. (See "Memoir on Erysipelas," in the selected essays published by the New Sydenham Society, 1886.) The most recent adoption of this measure is that recorded by Dr. Axel Holst, of Christiania, in the current number of the *Centralblatt für Bakteriologie* (No. 13). The patient was a woman, aged forty, who had a recurrent carcinoma of the right breast, for which she declined further operation. In a few months the cancer had infiltrated the greater part of the surface of the right half of the chest, forming a red brawny mass, with a raw surface, nodulated on the margins, whilst the axillary and clavicular glands were much enlarged, and the upper limb œdematous. In spite of the unfavourable aspect of the case, it was decided to try the effect of erysipelas inoculation. Accordingly, on Aug. 10th last, the inoculation was performed by scarification of the raw surface, the cultures used being the fifteenth generation (in peptone agar-agar) from a case of erysipelas nineteen months and a half previously. Beyond a slight rigor next day, no effect followed; and it was further found that the material gave no result when inoculated in a rabbit's ear. Dr. Fehleisen was applied to, and on the 22nd the material he sent was inoculated in several parts of the disease surface, and this time with success. After twenty-one hours the patient had a series of rigors followed by the appearance of an erysipelatous blush, which within thirty hours extended over the whole right arm, and later spread to the left side of the chest, back, and even to the left arm. In a few days the erysipelatous area was confined to a margin from three to six centimetres in width; and on the seventh day the fever, which throughout had not been high, fell by crisis. At the end of four months and a half the erysipelas still persisted on the right arm, but the patient had manifestly lost ground. During the first two months and a half the progress of the cancer appeared to be arrested, and for some distance the wound had healed over, whilst the induration had become less marked. But the right arm still remained œdematous, and after the period named the ulceration broke out afresh, the supra-clavicular glands again increased in size, and fresh nodules appeared, one in the left breast. The inoculation had, then, probably prolonged life, for the arrest in the progress of the cancer was marked; but it may well be that the patient's loss of strength and of appetite (which prior to the inoculation had been remarkably good) were due to the erysipelas, which persisted on the right arm to the end. To us it seems that the case was hardly a suitable one for this treatment, which at any time it must, to say the least, require some courage to adopt.

THE UNIVERSITIES IN INDIA.

IN an interesting paper read on the 16th ult. before the Indian Section of the Society of Arts, Dr. F. J. Mouat gave a connected history of the great movement which has culminated in the establishment of universities in India. The order in which he considered the stages of progress of the movement was chronological, from the real origin in 1816 to the great Educational Despatch in 1854—its culmination. The steps were as follows: The establishment of the Hindu College of Calcutta in 1816; Lord Macaulay's Minute, and the official adoption of the English language as the basis of public instruction by Lord William Bentinck in 1835; the establishment in the same year of the Medical College of Calcutta; Lord Hardinge's educational resolution of the 10th of October, 1844; the elaboration and submission to the ruling authorities in India and in England of the scheme of a university in Calcutta, which is known as the scheme of the Council of Education; the remodelling of the Mahommedan and Hindu Colleges of Calcutta and the creation of the Presidency College of Bengal in 1853; and the great Educational Despatch of 1854. Dr. Mouat discussed these several steps in detail, and, considering that he has a right to claim the paternity of the plan of universities in India and the initiative of the action, it is well that before his retirement from public life after nearly half a century of service he has found leisure to compile an accurate history of a movement so important to the contentment and progress of our Indian Empire.

A NEW FORM OF RAILWAY ALARM.

MR. WILLIAM T. FOLKS has patented an ingenious form of electric alarm for use upon railways to signalise the approach of a coming train. The alarm consists of an electric bell, and the novelty lies in the employment of the current sent by the passing train, not for the direct purpose of ringing the bell, but indirectly for turning on the current which is to ring the bell. The bell current, once turned on, is not arrested by the cessation of the original current, but, on the contrary, continues to flow until the armature which has by the first current been brought into the position for completing the bell circuit is by another and wholly independent current brought into another position in which it breaks the bell circuit. The operation, then, is as follows. The train, passing a chosen point at a suitable distance from the point where the alarm is to be given, compresses a spring, over which it runs, and makes a momentary contact, completing the circuit of the first current. This current energises an electro-magnet, around which it circulates, and by attracting an armature completes the bell circuit. Thus, the alarm bell is started ringing. But on the cessation of the original current the armature does not fall back, having been brought into a position of stable equilibrium. Hence the alarm bell continues to ring although the train has passed the point from which it was first signalled, and it does not cease until another current, sent in the same way from another point further down the line and circulating about a neighbouring electro-magnet, causes the armature to take up a new position. Thus a continuous signal is made to sound while the train is travelling over a selected length of line. The value of this additional safeguard at level crossings is certainly undeniable. The inventor claims for it that it may also be used for the warning of platelayers. As to that we have our doubts. The electric current is not certain enough in its action to be absolutely trustworthy, and in that case

we doubt the wisdom of doing anything to diminish the efficiency of the platelayers' look-out. There are, however, numberless spots at which such an alarm as Mr. Folks has invented would be a most important protection to stranger passengers.

THE QUEEN IN FLORENCE.

THE Queen continues to enjoy good health and spirits, and has expressed high satisfaction with every arrangement effected for Her Majesty's comfort in the Villa Palmieri. Notwithstanding the long continuous railway journey, the Queen was able to drive out on the very evening of the day on which Her Majesty arrived, and on Monday drove all through the city and along some of its most attractive suburban roads, returning to the Villa refreshed and exhilarated by the delicious air. The sojourn of the Queen in the Villa Palmieri will partake as fully as possible of the traditional Tuscan *villeggiatura*, and to ensure the observance of this, even down to the dietary, an Italian cook has been added to the culinary *personnel*. The change from Her Majesty's ordinary mode of life, even at such places as Aix-les-Bains or Cannes, will be as thorough as Tuscan climate and customs can make it; and it is a source of satisfaction that a slight improvement in the weather must conduce to the favourable result expected.

THE VALUE OF COLD BATHING.

THE use of cold water for bathing purposes is a time-honoured institution in many, if not in all, countries. Though necessarily limited in its application by considerations of convenience, it is probably nowhere more highly appreciated than in the British Isles. Respecting its value as a bracing general stimulant in suitable cases there can be no question, and the difference in this particular between its influence and the depressing effect of frequently repeated warm bathing is obviously a point in its favour. The sharp and transient shock of cold is doubly beneficial. It clearly acts not only as a stimulus of the circulation, constricting for the moment the surface bloodvessels, and thus provoking their after-dilatation, but it is also by the same process an acclimatiser. The risk of chill from sudden changes of wind and weather is manifestly lessened in the case of those whose vaso-motor system has been trained to adapt itself to such movements by the discipline described above. It is true that constitution, state of health for the time being, and age cannot be left out of account, but we shall not err in saying that, given a fair degree of vascular tone, unimpaired by any serious weakness of the heart muscle, a frequent cold bath rapidly gone through is a tonic as natural as it is beneficial. In beginning the practice it is wisest to choose the summer season, and it may then be continued daily or on alternate days throughout the winter. A correspondent who has been in the habit of thus refreshing himself during the past ten years informs us that, though neither young nor robust (his age is fifty), he has enjoyed a dip every other morning even in the depth of severe winters. He experienced apparently equal benefit whether he selected, for a given season, his bath, the sea, or a fresh-water lake as the scene of his ablutions. He is naturally a strong believer in cold bathing. It is not necessary even for all *bonâ-fide* bathers to follow his plan in detail, but his general rules are worth observing. These are—to take a rapid dip, say one which occupies three or four minutes, to bathe on alternate days, to be well warm with exercise before immersion, and to keep up the glow after it. The directions are excellent. In order to follow them out with benefit, a robust physique is not necessary, at all events for bathers in-doors; but at least an average degree of vascular tone is.

SANITARY CONDITION OF DUBLIN.

In the presidential address to the Section of State Medicine in the Royal Academy of Medicine in Ireland Dr. C. F. Moore makes some interesting statements as to the sanitary condition of Dublin. The city is evidently suffering from overcrowding, as the result of the migration of poor persons from country districts to the capital. Many of the old evils of a highly dangerous nature, he says, still continue to be present in the city, the high death-rate of which rather increases than lessens. Referring to the liability of healthy persons going to seek employment in Glasgow to contract fever when exposed to atmosphere and surroundings differing in a high degree from those they enjoyed in the country—a fact pointed out by Dr. Andrew Buchanan,—he says the same circumstance is happening in Dublin. He gives instances of persons leaving good farms and sickening with fever shortly after coming to the town. The population consists largely of debilitated people, half fed and badly clothed, and exposed to unhealthy conditions connected with slaughter yards, cattle and dairy yards, where vast quantities of manure and offal are still in very many cases collected. The Liffey foreshore he describes as lying uncovered at low tide, and causing much foulness. The members of the Dublin Town Council have not been slow to claim self-government; they may be reminded that their capacity for administration is necessarily judged by their use of the powers of which they are possessed for the improvement of the city, and their attention may well be directed to Dr. Moore's address.

THE REPRESENTATION OF THE GLASGOW FACULTY ON THE GENERAL COUNCIL.

AT one of the largest meetings of the Fellows of the Faculty of Physicians and Surgeons of Glasgow ever brought together, the ballot for a representative of the Faculty on the General Medical Council was on the 2nd inst. decided in favour of Dr. Hector Cameron, who obtained 54 votes, against 50 recorded on behalf of Dr. McVail, the retiring member.

TRAINED ENGLISH NURSES FOR CAIRO.

SIR SYDNEY WATERLOW is such a useful man that even when he goes abroad for holiday purposes he cannot help doing good. He has had, through the influence of the British Ambassador in Egypt, Sir Evelyn Baring, a private interview with the Khedive, in the course of which he submitted to his Highness a proposal for the establishment of a Nurses' Home to be attached to the Kasr-el-Aini Egyptian Hospital in Cairo, and the introduction of a few trained English nurses to control and educate the native female nurses in the performance of their duties. The Khedive was much interested, and consented to the scheme on two conditions: first, that the English nurses should never attempt to proselytise the native patients; secondly, that no female nurse should attend on a male patient. These conditions were immediately accepted, and the interview terminated. A scheme has since been formulated, and on the return of Sir Sydney to London, which will be very soon, he will despatch nurses to Cairo, who are expected to begin their duties on May 1st. The institution, though independent of the Egyptian Government, undertakes, in return for a subsidy, to supervise and train nurses for the female patients in the Kasr-el Aini Hospital. The Home will be supported partly by the subsidy, partly by the earnings of the nurses outside the hospital, and partly by voluntary subscription. There will be at first two nurses of equal rank and standing, who will receive £25 passage money from London, and £84 per annum, with board, lodging, uniform, &c. Should the scheme succeed, it is hoped that a nurse may be obtained for

the Alexandrian Hospital. We congratulate Sir Sydney on this happy piece of work, the realisation of which will be a great boon not only to Egyptian women, but to Europeans generally in Cairo, who are much gratified at the prospect of being able to secure the benefit of a trained nurse in emergencies.

THE OPIUM HABIT.

THE thoughtful and epigrammatic lecture upon Coleridge by Mr. Leslie Stephen, delivered recently at the Royal Institution, once more reopens the vexed question of the influence of opium upon imaginative work. His opinion may be summed up in the words "the pity of it," since he considers that "opium ruined the power of will, never very strong, and any capacity he may have had—and his versatility was perhaps incompatible with any great capacity—for concentration on a great task." In another place he speaks of Coleridge's life affording a proof that "opium-eating is inconsistent with certain homely duties." While admitting these propositions in the main, Mr. Leslie Stephen appears to have arrived at the true estimate of the author when he says that he "cannot think that Coleridge ever worked with his mind clear," since so much of the wealth of imagery and brilliance of colouring seem to have had their origin in what was formerly regarded as the directly stimulant action of opium. This action, according to Schmiedeberg, should be considered rather as a disturbance and alteration of the equilibrium of the separate functions of the brain, the area for ideation remaining intact, while sensory stimuli are beginning to lose their effect. Schmiedeberg holds that the area for ideation has thus less stimulation and guidance from without, and accordingly springs into action on its own account. While most earnestly deprecating the employment of opium as a "mental stimulant" by those who live by literature, we none the less feel that between the lines of those poems by which Coleridge will be best remembered the influence of the opium habit can be traced in its earliest, most fascinating, and therefore its most dangerous stages. The ultimate collapse which results from its frequent employment is none the less certain, though in exceptional cases it may be delayed.

FEVER IN LONDON.

THE number of cases of scarlet fever admitted during the week ending March 30th was 71, being 11 less than in the preceding week. Eleven cases of enteric fever and one case of small-pox were also admitted, the last being received from the parish of Kensington. Another week has therefore passed without the increase of small-pox, which might be expected if the disease is to assume epidemic proportions in London this year.

DOCTORS WANTED FOR EMERGENCIES.

MR. EDWARD NEGUS WOOD, deputy coroner, held an inquiry on March 27th at Deptford in reference to the death of Ann Down, widow of a hawker. She died on the previous Saturday evening, after a few hours' illness, from—as the post-mortem showed—apoplexy. The friends tried to get an order, but on going to the office of the relieving officer could get no one to answer. Dr. Roberts, who had previously been sent for, and wished an order to be got, was again applied to, and in the end consented to go, but he did not arrive till after death. The foreman of the jury said that a doctor paid from the rates should attend at any hour, night or day. But the coroner properly said that no doctor would take office if expected to attend without an order. Clearly a medical officer of a parish is entitled to an order, and no one should be unreasonable enough to argue that anybody that likes can claim his services. Surely the medical officer's life would be intolerable. We always deeply regret when anyone dies without medical attendance. It is a cheap and easy way for juries, as representing the public, to blame doctors for such an accident. Medical men have broad shoulders, and are supposed to be answerable for all the miscarriages of humanity in the case of people dying untended. We protest loudly against this feeling. Let the public recognise its own responsibility in this matter, and appoint and pay men for attending to emergencies by night or day, as they are attended to in the streets under police arrangements. In this case a police order might have been got at any hour, and on a Saturday night. But the real blame rests with the public and not with the medical profession.

THE EMPEROR OF GERMANY.

WE learn from Charlottenburg that there is no change in the condition of the larynx of His Majesty. We are, however, pleased to state that his general strength is increased. Sir Morell Mackenzie has been requested to postpone his return to England for a short time.

THE DRAINAGE OF MARGATE.

THE burgesses of Margate have held a public meeting with a view to urging upon the Town Council the necessity for considering other plans than those of the eminent engineer whom they have consulted. The method which will finally be adopted is a matter of much moment to Margate, and we feel sympathy with the desire of the inhabitants that the best plans should be adopted; this, however, does not necessitate the employment of other advisers, and probably the Town Council would do best in deciding in consultation with the Local Government Board upon the method which is best suited to their wants, and then by engaging the services of a gentleman in whom they have confidence to carry out the scheme. We have no hesitation in saying that the direct discharge of sewage into the sea is, for many seacoast towns, not the best arrangement that can be adopted, and we trust that the Margate Town Council will not be influenced in their dealings with this question by a desire to lessen an expenditure which may in the end render benefit to this important health resort.

MORE DRINKING IN 1887.

IT is discouraging to find that, with all our boasted increase in education, the expenditure on intoxicating drinks, instead of decreasing as it has been doing of late years, last year went up by £2,047,895. The increase was chiefly in beer—viz., £1,598,408. Dr. Johnson's adage on this subject must be remembered: "He that drinks beer, thinks beer." The attraction of a public-house to an ordinary Englishman is something equal to magnetism. Yet if there is one thing that medical men are agreed on, it is that all drinking but the very moderate amount which goes with an ordinary meal is a source of discomfort or disease.

PYOCYANIC PARALYSIS.

M.M. RABINSKI and CHARRIN have found it necessary to modify their first description of pyocyanic paralyses, by which term they designate loss of power of neuro-muscular origin, the result of intoxication by the microbe or soluble products of pyocyanine. As the result of inoculation, and after an incubation of variable duration, the paralysis develops first in the hinder extremities of animals generally as a paraplegia, rarely as a monoplegia, and the fore limbs are seldom affected. The weakness is attended with spasm, which may disappear by traction and chloroform anæsthesia;

the reflexes are exaggerated, and epileptoid trepidation is obtained by percussing the tendons, whilst the electrical reactions and sensibility remain normal. Inoculated rabbits nearly always succumb, and exceptionally the paralysis disappears. Careful microscopical examination has failed to reveal the least alteration in the nervous or muscular systems to account for this paralysis, which is probably the effect of some, perhaps alkaloidal, poison originated by the secretions in which the bacillus of the blue pus grows. The clinical characters and absence of anatomical alteration distinguish the pyocyanic paralysis from alcoholic, mercurial, and saturnine palsies, and from certain infectious varieties, such as the diphtheritic nervous diseases. In some respects a resemblance exists to lathyrism and strychnia poisoning, the former being attributed to some cause in the lathyrus fodder of horses and cattle.

POOR-LAW MEDICAL SERVICE.

INTENDING APPLICANTS for the appointment of medical officer to the Ludlow Union ought to know something of the duties which are expected from them, and of the circumstances which have led Mr. Egginton Thompson to resign this office. Mr. Thompson had been appointed at a salary of £90 per annum, which was reduced to £70 on the ground that there had been a decrease in the work, as shown by the fortnightly returns of the previous medical officer, Dr. Malley. This decrease, however, was apparent only, and was caused, we believe, by the extreme difficulty experienced in the district by patients in obtaining orders from the relieving officer, who lives some considerable distance away. Dr. Malley appears to have attended the patients as paupers, but not to have entered the cases in his returns, as in the absence of the orders they could not be charged for. Unless the facts are known, it is possible that the appointment might be sought by those who would not do so were they fully aware of all the circumstances.

ARMY MEDICAL SCHOOL.

THE summer session of the Army Medical School at Netley commenced on Monday, the 2nd inst., Sir Wm. Aitken, M.D., F.R.S., delivering the opening lecture. The session is being attended by twenty-four surgeons of the medical staff and fourteen candidates for commissions in the Indian Medical Service.

THE GENERAL MEDICAL COUNCIL.

THE General Medical Council will meet for the transaction of ordinary business on Tuesday, May 22nd.

FOREIGN UNIVERSITY INTELLIGENCE.

Berlin.—Dr. Herman Krause, *privat-docent* in Laryngology, has been granted by the Emperor, through the Minister of Education, the right to the style and title of Professor. Dr. Friederich Renk of the Imperial Sanitary Department has qualified as *privat-docent* in Hygiene. Dr. Renk was formerly first assistant to Professor Max von Pettenkofer in Munich. In the Imperial Sanitary Department he replaces Professor Wolfhügel, who has gone to Göttingen as Professor of Hygiene.

Buda-Pesth.—The professorial body has selected the following names for the charge of the Medical Clinic:—1, Professor Ketty; 2, Professor Müller (both of Buda-Pesth); 3, Professor Purjesz of Clausenburg.

Constantinople.—Dr. Osman Bey has been appointed to the Professorship of Surgery in the Medical School, in place of Professor Callias, deceased.

Erlangen.—Dr. Anton Bumm, director of the Lunatic Asylum at Deggendorf, has been appointed to an Extraordinary Professorship of Psychological Medicine.

Göttingen.—Dr. Dietrich Barfurth of Bonn has been appointed Prosector of Anatomy.

Kazan.—Dr. Shchepotieff has qualified as *privat-docent* in Epidemiology.

Leipsic.—Professor Wilhelm Leube of Würzburg has been appointed to the Professorship of Clinical Medicine.

Moscow.—Dr. Pospeloff has been appointed Extraordinary Professor of Dermatology and Syphilology.

DEATHS OF EMINENT FOREIGN MEDICAL MEN.

THE deaths of the following eminent foreign medical men are announced:—Señor Don Dr. Antonio Gomez Torres, Professor of Obstetrics and Gynæcology in the Central University, Madrid.—Dr. Emil W. Hamburger, Bath Physician in Franzenbad.

AT a largely attended meeting on the 25th ult. of the Accademia Medica di Roma, Dr. Celli read an elaborate paper on the recent Cholera Epidemics in Italy, and, having examined the various theories as to the transmission and diffusion of the disease, concluded that the only precaution against it which hygiene could recognise was the observance of those sanitary laws, personal and public, which exclude the conditions under which cholera develops and subsists. This doctrine, which is virtually von Pettenkofer's, and which rejects quarantine and sanitary cordons, was supported by Bastianelli, Marchiafava, Terrigi, and Brunelli, and embodied in a special resolution, which was carried unanimously.

MAJOR WILKIN, whose death has been announced this week, commenced his military career as an assistant surgeon, but afterwards joined the 11th Hussars as a combatant officer, and was present during the Crimean campaign. After the fall of Sebastopol, Major Wilkin had the honour of being called to the front of his regiment on parade and thanked by the Commander-in-Chief for his services in the field.

A MEMORIAL FESTIVAL in honour of the late Professor von Langenbeck was held in the Philharmonic, Berlin, on the evening of April 3rd. Professor von Bergmann delivered an eloquent address in memory of his deceased colleague. The room was crowded with the *élite* of the medical profession of Berlin. The ceremony was arranged by the German Surgical Society and the Berlin Medical Society.

SIR PRESCOTT HEWETT, Bart., Consulting Surgeon to St. George's Hospital, and Sir Thomas Longmore, Professor of Military Surgery at the Army Medical School, were elected "Associés Étrangers" at the meeting of the Academy of Médicine, Paris, on the 27th of March. Both gentlemen have been Corresponding Members of the Academy for several years past.

THE vacancy in the post of Assistant Surgeon at Charing-cross Hospital, caused by the promotion of Mr. Morgan to the full surgeoncy, has been filled by the appointment of Mr. B. Wainewright, M.B., C.M. Ed., F.R.C.S. Eng.

THE honorary degree of LL.D. has been conferred by the Senate of the University of Edinburgh on Sir Wm. Aitken, M.D., F.R.S., and Emeritus Professor W. H. Walshe, M.D.

THE epidemic of small-pox in Sheffield is announced to be greatly on the decrease.

THE BROWN INSTITUTION.

THOSE who are sceptical regarding the work done at the Brown Institution should read the report for 1887 compiled by the Professor-Superintendent, Mr. Victor Horsley. It will be seen that the benevolent wishes of the founder are faithfully observed, and that, as hitherto, many important scientific investigations have been carried on. To some who, as Professor Horsley says, spend money in "wanton and mendacious abuse of the Institution and its work," it may be a revelation that no fewer than 3850 "patients" were treated therein during the past year. Perhaps the misconception of the work of the Institution prevalent in some quarters has been partly owing to the reticence hitherto kept regarding its hospital side. Now, thanks to a resolution moved by Sir W. Guil, further details respecting the hospital work are to be given in the annual reports. Professor Horsley points out that the hospital records are incomplete owing to the fact that a large number of cases are only brought once to the institution, and also because there is no clinical clerk appointed to keep the records. He appeals for help to the public to support this benevolent enterprise, and we cannot but feel the force of his suggestion that this would be a far more worthy channel for donations than the cause of "anti-vivisection," which has never ceased to impugn the work of the institution. It is noteworthy that during 1887 only one case of rabies was treated, and notwithstanding that, more dogs were admitted than usual. This scarcity of rabies is attributed by Professor Horsley to the operation during the previous year of the police restrictions as regards muzzling and the destruction of stray dogs. He emphasises the value of these restrictions by reference to the fact that whilst they were in force that highly contagious malady "distemper" was also much diminished; but that since the restrictions have been removed, a great increase in cases of distemper appears in the hospital records, the short incubation period of that disease accounting perhaps for its reappearance at an earlier period than that of rabies. He also alludes to the regrettable fact that the results of surgical operations are far less favourable than they would be if the hospital were provided with the means necessary for carrying them out on the strict antiseptic principles essential to success. Mr. Batt, the veterinary surgeon, furnishes statistical tables of the number and kind of cases treated during the year. From these we learn that 2116 horses, 1023 dogs, and 272 cats were treated as patients; that the total number of in-patients admitted amounted to 242, of whom 186 were discharged cured or relieved. A large variety of diseases and injuries were dealt with, including 162 cases of distemper, 9 of glanders and farcy, 121 of tubercle, 29 of chorea, 13 of epilepsy, 5 of tetanus, 118 of croup, &c. The importance of the Brown Institution as a pathological laboratory could not be better shown than in the record of the researches carried on there during the past year. Seldom have so many taken advantage of the opportunities afforded by the Institution for the prosecution of inquiries that have a direct bearing upon medical science. The scientific work pursued under the direction of Dr. Klein on behalf of the Medical Department of the Local Government Board is carried on here, and Professor Horsley recapitulates the investigations of Dr. Klein, Mr. Lingard, Dr. W. R. Smith, and Dr. Wooldridge, which include the memorable inquiry into scarlatina and other subjects already reported. Besides these Governmental researches, many subjects of considerable interest have been investigated. That of rabies demands chief notice. Professor Horsley has conducted an extensive inquiry upon this disease, in which he substantiated the results obtained by M. Pasteur. This confirmation was announced last year in the Report of the English Commission, but a full account is proposed to be presented to the Pathological Society. The outbreak of rabies among deer in Richmond Park during 1886-7 was investigated by Professor Horsley: first in the inoculation of rabbits with portions of the medulla from two of the affected animals, whereby the diagnosis of rabies was fully confirmed; and then by the observation of four affected animals sent to the institution from the park. They exhibited the characteristic symptoms of furious rabies, and, as usual in that form, the fatal issue was preceded by progressive paralysis, beginning in the hind limbs. Professor Horsley says that "there is no doubt that this serious outbreak was a simple consequence of the height to which the disease has been allowed to rise before the present legislation, commencing at the end of 1885, produced its effect in 1886." The value of M. Pasteur's method in the diagnosis of rabies is shown in a table supplied by Professor Horsley of twenty-three cases, in eighteen of which the diagnosis was confirmed by the employment of this method—that, namely, of subdural inoculation. It is to be regretted that, owing to our restrictive legislation, this test is not available by the veterinary surgeon in his daily practice. The subject of rabies has also been investigated experimentally by Mr. Dowdeswell, who, besides confirming M. Pasteur's statements, found that in an infected animal the tissues do not become virulent till towards the close of the inoculation period, and that none of the numerous drugs tried on the rabbit had any constant effect on the result of infection. The report contains mention of several experimental inquiries into the pathology and physiology of the nervous centres. Mr. Ballance and Dr. Hadden have been engaged in experiments on the motor area of the cortex of monkeys. Professor Horsley and Dr. Beevor, in continuation of researches commenced in 1885, "with the view of elucidating some of the phenomena of epilepsy and paralysis," have pursued three lines of inquiry. The one is into the localisation of motor function in that portion of the spinal cord which gives origin to the nerves forming the brachial plexus. This is still in progress, and publication of results is deferred until certain points of minor importance that that have been observed can be fully explained. They have continued to analyse minutely the representation of movements in the so-called motor region of the cortex, studying during 1887 the part around the upper limb area above and in front, and the results obtained will doubtless go far to clear up the order of phenomena of the epileptic fit. A third line of experimental investigation undertaken by these gentlemen was to trace the arrangement of fibres in the internal capsule by means of faradisation of parts one millimetre apart. So far as they have gone, they have no doubt that the fibres are arranged in the same relative order and position as the centres projected on the cortex cerebri of the same hemisphere. Dr. Mott is engaged in investigating by experiment certain obscure diseases of the spinal cord, and has already shown the course taken by ascending degeneration after limited destruction of the roots of the cauda equina. Remarkable osseous trophic lesions followed in the leg of a case where the anterior nerve roots had been divided. Of other inquiries carried on at the Brown Institution, some are already known to the profession, others will shortly be brought before notice, and others are still in progress. They include the investigation respecting Micro-organisms in Healthy Tissues, by Mr Ballance and Mr. Shattock, that on the Ligature of Arteries by Mr. Ballance and Dr. Edmunds, and one on the Infectivity of Tetanus by Mr. Ballance and Mr. Lingard; an Inquiry into the Treatment of Tubercular Disease of Joints, by Mr. Watson Cheyne; one into Paralysis of the Recurrent Laryngeal Nerve, by Dr. Clarke; an investigation upon Puerperal Fever, by Dr. W. R. Smith; Dr. Wooldridge's experimental production of Hæmorrhagic Infarction of the Liver; and further research into Epilepsy and Myxœdema, by Professor Horsley. No one will venture to deny that the Brown Institution is an active centre of scientific work, or that the subjects there dealt with are worthy of the attention bestowed upon them.

PARKES MUSEUM.

A VERY interesting course of lectures has just been given at the Museum by Dr. Schofield on Domestic Hygiene. The lectures were addressed especially to ladies, and, to judge by the good attendance, were much appreciated. The first lecture on March 14th, on "Healthy Homes," was essentially practical. It dealt with the ventilation of houses in the simplest and most efficient forms, and gave the reasons for the serious warnings, so often repeated and so little heeded, that all decaying vegetable and animal matter should be immediately burned, and not stowed away in dustbins. The lecturer also gave some useful information concerning house drains—their flow, joints, and ventilation. The second

lecture (March 16th) was on "Boys and Girls." In this Dr. Schofield dealt with various points connected with food and exercise. Exhibits of reasonable or, as it is called, "rational dress," combined with beauty, were shown; and a demonstration of the value of improved physical culture was given by Miss Chreiman, a few of whose girl pupils went through a short course of ball and dumb-bell exercises. At the third lecture, on the "Ethics of Eating," Dr. Schofield dealt with the constituents and values of various kinds of foods, and explained the process of digestion, which he illustrated by experiments. The fourth lecture, on "Personal Hygiene," chiefly related to the skin and its uses, and the best means of caring for it; to clothing as a non-conductor of heat, and to the advantages of soft water for personal as well as culinary uses. In the fifth lecture, on "Home Nursing," Dr. Schofield mentioned the points to be observed in sick nursing, and the precautions to be taken in infectious cases. An illustration of the mode of handling a patient in bed, under various circumstances, was given by two trained hospital nurses. The lectures are to be followed by an examination in the subjects dealt with, and H.R.H. the Duchess of Albany, patroness of the Museum, has consented to distribute the certificates to the successful candidates on May 5th.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns 5564 births and 3881 deaths were registered during the week ending March 31st. The annual rate of mortality in these towns, which had been 23·3, 20·3, and 21·1 per 1000 in the preceding three weeks, was last week 21·5. During the thirteen weeks ending last Saturday the death-rate in these towns averaged 22·1 per 1000, and was 1·9 below the mean rate in the corresponding periods of the ten years 1878-87. The lowest rates in these towns last week were 15·1 in Birkenhead, 17·8 in Hull and 18·3 in Cardiff. The rates ranged upwards in the other towns to 25·6 in Newcastle-upon-Tyne, 26·4 in Manchester, 33·3 in Blackburn, and 33·4 in Preston. The deaths referred to the principal zymotic diseases, which had been 442, 363, and 319 in the previous three weeks, rose again last week to 388; they included 166 from whooping-cough, 63 from scarlet fever, 42 from measles, 35 from "fever" (principally enteric), 31 from diarrhœa, 27 from small-pox, and 24 from diphtheria. No death from any of these zymotic diseases was registered last week in Preston; whereas they caused the highest death-rates in Nottingham, Sheffield, and Blackburn. The greatest mortality from whooping-cough occurred in Salford, Derby, and Blackburn; from scarlet fever in Bristol and Blackburn; from measles in Plymouth, Bradford, and Nottingham; and from "fever" in Salford and Derby. The 24 deaths from diphtheria in the twenty-eight towns included 15 in London, 3 in Norwich, 2 in Sunderland, and 2 in Newcastle-upon-Tyne. Small-pox caused 19 deaths in Sheffield, 3 in Blackburn, 2 in Nottingham, 1 in Bristol, 1 in Manchester, and 1 in Hull, but not one in London or in any of the twenty-one other large provincial towns. The Metropolitan Asylum Hospital Ships contained only 9 small-pox patients at the end of last week, against 17 and 15 on the preceding two Saturdays; the Highgate Small-pox Hospital contained no patient at the end of the week. The number of scarlet fever patients in the Metropolitan Asylum Hospitals and in the London Fever Hospital was 1171 on Saturday last, against numbers declining steadily in the preceding seventeen weeks from 2764 to 1187; the 80 cases admitted to these hospitals during the week showed a further decline from recent weekly numbers. The deaths referred to diseases of the respiratory organs in London, which had been 490, 459, and 457 in the preceding three weeks, were 460 last week, and were 59 below the corrected average. The causes of 78, or 2·1 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Leeds, Leicester, Portsmouth, and in seven other smaller towns; the largest proportions of uncertified deaths were registered in Sheffield, Halifax, Bolton, and Preston.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 21·0 and 22·2 per 1000 in the preceding two weeks, further rose to 23·7 in the week ending March 31st; this rate exceeded by 2·2 the mean rate during the same week in the twenty-eight large English towns. The rates in the Scotch towns ranged from 16·0 and 18·3 in Perth and Aberdeen, to 26·1 in Paisley and 27·4 in Glasgow. The 599 deaths in the eight towns showed a further increase of 37 upon the numbers returned in the previous two weeks, and included 17 which were referred to whooping-cough, 8 to diphtheria, 6 to scarlet fever, 5 to "fever" (typhus, enteric, or ill-defined), 5 to diarrhœa, 4 to measles, and not one to small-pox; in all, 45 deaths resulted from these principal zymotic diseases, against 76, 47, and 56 in the preceding three weeks. These 45 deaths were equal to an annual rate of 1·8 per 1000, which was 0·4 below the mean rate last week from the same diseases in the twenty-eight English towns. The 17 fatal cases of whooping-cough showed a decline of 4 from the number in the previous week, and included 12 in Glasgow, 3 in Aberdeen, and 2 in Edinburgh. The deaths from diphtheria, which had been 11, 5, and 6 in the preceding three weeks, rose again last week to 8, of which 4 occurred in Edinburgh and 2 in Glasgow. The 6 deaths from scarlet fever showed a decline of 3 from the number in the previous week, and included 4 in Glasgow. The 5 deaths referred to whooping-cough, including 2 in Edinburgh, corresponded with the number in the previous week. The 4 fatal cases of measles, of which 2 occurred in Glasgow and 2 in Edinburgh, showed a further decline from recent weekly numbers. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had been 137 in each of the preceding two weeks, rose last week to 144, and exceeded the number returned in the corresponding week of last year by 12. The causes of 80, or more than 13 per cent., of the deaths registered in the eight towns during the week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been 29·0 and 29·7 per 1000 in the preceding two weeks, further rose to 31·2 in the week ending March 31st. During the thirteen weeks of last quarter the death-rate in the city averaged 31·6 per 1000, the mean rate during the same period being 22·0 in London and 22·1 in Edinburgh. The 211 deaths in Dublin showed a further increase of 10 upon the numbers in the previous two weeks; they included 8 from whooping-cough, 3 from measles, 2 from scarlet fever, 1 from diphtheria, 1 from "fever," and not one either from small-pox or diarrhœa. Thus the deaths referred to these principal zymotic diseases, which had been 25, 19, and 20 in the preceding three weeks, declined last week to 15; they were equal to an annual rate of 2·2 per 1000, the rate from the same diseases being 2·4 in London and 2·2 in Edinburgh. The 8 fatal cases of whooping-cough showed a further increase upon the numbers returned in recent weeks; whereas the deaths from measles, scarlet fever, and "fever" were fewer than in any recent week. The deaths both of infants and of elderly persons exceeded the numbers in recent weeks. Five inquest cases and 5 deaths from violence were registered; and 75, or more than a third, of the deaths occurred in public institutions. The causes of 22, or more than 10 per cent., of the deaths in the city were not certified.

THE SERVICES.

ARMY MEDICAL STAFF.—Surgeon-Major Laurence Corban, M.D., to be Brigade Surgeon (ranking as Lieutenant-Colonel), vice John Mackenzie, M.D., retired. Surgeon-Major Robert Francis Buchanan is granted retired pay.

ARMY MEDICAL RESERVE OF OFFICERS.—Surgeon W. R. Smith, M.D., 3rd Volunteer Battalion Royal West Kent Regiment, to be Surgeon-Major (ranking as Major).

ADMIRALTY.—The following appointments have been made:—Surgeon John L. Barrington, to the *Asia;* Surgeon Matthew Digan, to Malta Hospital; Surgeon John Hunter, to Haulbowline Hospital; and Surgeon James M. Rogers, to the *Buzzard* (all dated April 17th, 1888).

Correspondence.

"Audi alteram partem."

NOTIFICATION OF INFECTIOUS DISEASES.

To the Editors of THE LANCET.

SIRS,—I send you herewith a report of proceedings taken against Dr. Dalton of South Norwood by the corporation of Croydon. Dr. Dalton is an M.D. of the University of London, a practitioner of twenty years' standing, and holds a high place in the estimation of his neighbours. The object of notification of infectious disease is for the purpose of preventing the spread of disease, and not for the purpose disclosed in these proceedings. The information being given to the authority, it is immaterial as regards repression, by whom the information is given, provided they get it as soon as its nature is established. The Act says that it shall (in some parts of the kingdom) be given by the householder or person in charge of the patient, and also by the medical attendant. In this case Dr. Dalton had instructed the householder, according to the local report, to give notice to the authority, and the authority had actually acted upon the notice and had disinfected the house after the incidence of a case a short time previously. The dignity of the authority is, however, damaged, for the notice is not given by the medical attendant. This insult is brought to the knowledge of the town clerk, who revenges it by putting the doctor into the dock. This may be law, but it is neither justice nor satisfactory to the true promoters of disease repression, of whom I have always been one of the foremost; it opens the door to private malice and to conflicts between members of the medical profession, in which it is possible for a superior in social and professional life to be treated with indignity by one of a lower standing, for no true reason whatever, and for no good purpose, as in this case there was nothing to be gained by it.

As I have often said before, and the medical profession, by the British Medical Association, at its annual meeting, has endorsed that view, the object of the Act is to procure the repression of disease. That repression can only be obtained by information from its source, and the proper person to give that information is, in the opinion of the majority of the medical profession, the householder. The law should, and in some cases does, allow the householder to employ the medical attendant as his agent, and when so acting the medical attendant should be entitled to a fee. It should be the householder who ought to be summoned if the Act is not complied with. The medical attendant could then be called as a witness in the case. In Dr. Dalton's case there was no damage to anyone except the dignity of somebody, for the spirit of the Act was complied with. I will not insult Dr. Philpot by suggesting for one moment that he has been the instigator of these proceedings, but I am really sorry that he has been compelled to be a party to them. It may be, and it doubtless is, convenient to the medical officer of health to get the information direct from the medical attendant, and so he does in the case suggested; but how about cases where there are none? I am aware of the existence of such in this borough, in which there has been no medical attendant on cases of infectious disease, for reasons best known to the householder. The action taken by the corporation is more likely to increase this number of cases than to lessen them, to the serious detriment of true sanitary work and the continued spread of infectious disease among us. There is a curious idea upon this point which is prevalent among the people, and among lawyers especially, that the doctor should be held liable to a criminal procedure if he does not disclose facts which only come to his notice by reason of his professional employment. I object to this.

1. It makes the doctor a *particeps criminis* if the disease is not disclosed, and the evidence forthcoming against the householder cannot be satisfactory without his aid.

2. It tends to encourage the very people who are most likely to spread the disease—such as lodging-house-keepers, hotel-keepers, and shop-keepers—not to employ a medical man at all in such cases, but to send for an acknowledged quack or so-called "botanist," two or three of whom are actually practising in Croydon and its neighbourhood at the present time.

3. It places two medical men in antagonism to each other, to the detriment of good feeling and damage to the estimation in which our profession ought to be held by the public, and especially by lawyers, who like to pit one doctor against another.

I think, Sirs, that the whole medical profession will object to the extension of the law upon the basis on which it stands in this borough, and will call for a law applicable to the whole kingdom, on a basis that the householder shall alone be liable to prosecution, unless the doctor is acting in an official capacity, such as being medical officer to a public authority, a benefit society, &c., the law also ordering that the medical attendant shall act as the agent of the householder, when required to do so by him, and that when so acting he shall be entitled to a proper fee, to be paid by the local authority.

It could never be intended by the Legislature that a new series of crimes should be put upon the statute book—viz., that doctors must be common informers, and that the dignity of the local authority is lessened unless the information is given by the medical instead of by another agent. The knowledge was actually obtained, and in this case the measures for the prevention of the spread of disease were actually taken, primarily by the act of Dr. Dalton, yet he is prosecuted, and the borough magistrates were foolish enough to put a considerable fine upon his conduct, instead of doing him the justice which was really due to him in the matter—viz., inflicting a nominal penalty only.

I am, Sirs, your obedient servant,

Croydon, April 4th, 1888. ALFRED CARPENTER.

"MASON v. MARSHALL, SHAW, AND GAUCHARD."

To the Editors of THE LANCET.

SIRS,—Dr. Marshall has thought proper to attack me in what I pronounce as being a most offensive and unjustifiable manner, the opinion entertained by all those who have seen his letter. Though I have been advised and urged to adopt a different course to what I am now doing, I hesitate for the moment, so as to give him an opportunity of retracting his statements after he has perused this letter, which I must request an insertion of. He has gone out of his way to thus attack me, because I have dared to differ from him in his opinions. Surely the time has not yet arrived when a medical man is prohibited from holding an opinion different from that entertained by a brother professional. Notwithstanding Dr. Marshall's remarks, I shall never shrink from expressing my views on any case in which I may have been consulted.

It is not, however, the medical men only who have been made the objects of his attack, but also the learned counsel, Sir Walter Phillimore, Q.C., who ventured to try to do the best for his client. As the facts were evidently not within this gentleman's knowledge when he penned his letter (this I may assume, or he never would have been so foolish as to have written as he has done), I will be very brief with my side of the case.

The first time I was consulted by Miss Mason was on Jan. 24th of this year. The facts were placed before me—*not*, however, the evidence for the defence, which I only became aware of during the hearing of the case. I carefully considered the matter, and urged upon the prosecution their *dropping the action against Dr. Marshall altogether*. This I gave as my written opinion, and stated the same verbally. With regard to the issue brought against the convent, I thought that there was a case to be tried. There was the history of locking Miss Mason in her room *previous* to the lunacy certificates being signed. This view was also entertained by the learned judge, who stated that "this was undoubted interference with the plaintiff's liberty, and he would tell the jury that this entitled her to a verdict *unless circumstances justified it*." Here is an opinion expressed by his lordship absolutely coinciding with what I had originally given. I must, however, express my astonishment, when stepping into the witness-box, at being asked a question on the *very* certificate on which I had advised the action to be dropped, and consequently I declined to answer the question, at which again the learned judge expressed his approval. On leaving the witness-box one of the medical men engaged for the defence came up to me and said, "Dr. Winslow, you have maintained the honour of the profession by the answer you have given." I might remind Dr. Marshall that it is rare in ordinary cases, where skilled medical men are en-

gaged, to find all the evidence one way, and this is, I believe without a precedent in lunacy cases. It is to be hoped that when Dr. Marshall has read my reply he may think proper to withdraw his statements, which I am sorry he has been so ill-advised as to make, without knowing the real course I took in this matter.

I am, Sirs, yours faithfully,

L. FORBES WINSLOW, M.B., LL.M. Camb., D.C.L. Oxon.

Wimpole-street, March 31st, 1888.

To the Editors of THE LANCET.

SIRS,—In your last issue your correspondent, Dr. Henry Marshall, desired to direct the attention of the profession to the fact that two medical men (of whom I am one) gave evidence in the above case upon behalf of the plaintiff.

My evidence was very short, and was confined to the expression of my opinion, after having read the certificates, that the "*facts therein stated*" were not sufficient to justify the detention of the plaintiff as a lunatic, and that I did not believe that a medical man, using ordinary care and judgment in the exercise of his profession, would have signed them. That was the whole of my evidence, and I was not cross-examined. Now, what *was* the evidence of insanity contained in the certificates? Under the heading, "Facts indicating insanity observed by myself," Dr. Marshall certifies to "rambling incoherent conversation; refusal to answer questions; vague statements of ill-usage"; Dr. Shaw, that "she sat in a chair in a corner of the room with her back to him, stopping her ears with her fingers and refusing to speak to him, and that she had wilfully sprinkled her dress with water." Under the heading "Facts communicated by others," both certificates report *alleged* violent actions, such as slapping a nun's face and so on; but I need not remind your readers that such "reported facts" are not legally necessary, and are regarded by the Commissioners as of comparatively little value. The plaintiff explained her conduct by saying that she refused to answer questions because she resented the intrusion of strange men into her bedroom unannounced; and it must not be forgotten that, after having been locked in her room and having escaped from it, she had been forcibly brought back by a number of nuns, followed by a policeman, *and this not only before the certificates had been signed, but before any medical examination had been made.* And I apprehend that a proceeding of this sort was quite enough to make any girl "rambling and incoherent in her conversation." Now, I put it to you, Sirs, whether you would consider your friends justified in locking you, or any of you, up upon such facts as were "*personally observed*" by these two doctors? Under this heading Dr. Marshall's certificate was weak in the extreme, and made no mention of any delusion, while Dr. Shaw's contained absolutely no evidence whatever of insanity. I was prepared to have added to my evidence my opinion, but the Court would not admit it, holding that it was a question for the jury, that the plaintiff was a highly emotional girl, who, in consequence of the incessant quarrelling that had been in progress, was suffering from intense hysteria, and that if she had gone to the seaside for a few weeks with judicious friends she would have entirely regained her health. This is still my opinion, Dr. Henry Marshall notwithstanding. But Dr. Marshall is holding me up to professional odium for having the misfortune to differ in opinion from some of my *confrères*, for possessing the courage of that opinion, and for daring to appear in court to support it; and this because, forsooth, he, as a medical man, chances to be a defendant.

It will be an evil day for the medical profession, and a still more evil one for the public, if an unfortunate plaintiff should be unable in the future to obtain medical evidence merely because the action at law is brought against a medical man; and I submit that Dr. Marshall's letter (trying as he does to pillory two members of his own profession) is a new departure, and a bad departure, in medical ethics. It is an attack made upon witnesses for the discharge of their bounden duty in a court of justice; and if this sort of thing is to increase, if a certain phase of modern trades-unionism—coercion—is to be introduced into medicine, if it is thought in order to ask in the columns of a medical journal whether a fee was or was not paid, and to make sneering references to the value of evidence, and the rest of it, I fear most men will think twice before they have anything to do with medical lawsuits.—I am, Sirs, your obedient servant,

HERBERT TIBBITS, M.D., F.R.C.P. Edin.

Wimpole-street, W., April 2nd, 1888.

To the Editors of THE LANCET.

SIRS,—Dr. Marshall, in his letter to you in THE LANCET of to-day, states that to act on the advice of his solicitors not to sign certificates in lunacy, in order "to avoid the risk of again incurring the anxiety, worry, and great cost of defending an action for damages," would be "a cowardly dereliction of duty." For my part, I do not see any dereliction of duty in not signing a certificate of lunacy. If, as medical men, it is our duty to protect the public, it is equally the duty of the public to protect us in the performance of it. This the public, as represented by the law of the land, refuse to do, and, so refusing, our obligation to the public ceases. Cowardice there can be none. We know as a matter of fact, many times proved and substantiated, that whenever we are instrumental in placing in an asylum a patient who is likely to recover his mental equilibrium there, we are rendering ourselves liable to be charged with "malice, collusion, wilful and corrupt falsehood," or with "carelessness in giving without reasonable or probable cause insufficient certificates," or with both. Any patient annoyed at having been placed in an asylum is at liberty to bring such charges against us, and we have no redress—none, at least, except that very costly one, "a verdict." What proportion of medical men in general practice can afford the expense of protecting the public on these terms? Signing or refusing to sign lunacy certificates is no question of courage, but one of costs. If the public will not permit us to do our duty to them without our being protected, we as medical men cannot afford to do our duty to them in this particular; at any rate, I know I cannot.

This is a grievance which will cure itself in time. When homicide has resulted from the act of someone to whose insanity no medical man would bear witness, or some melancholic has committed suicide through being unable to obtain the protection of an asylum from the same cause, the House of Commons will see the necessity of protecting medical men. I am, Sirs, yours truly,

March 31st, 1888. VATICAN.

To the Editors of THE LANCET.

SIRS,—May we beg the favour of your giving publicity to the following letter, which will shortly be circulated among the profession in this neighbourhood and elsewhere?

We are, Sirs, yours truly,

J. MICHELL CLARKE, M.B.

Clifton, April, 1888. W. H. HARSANT.

DEAR SIR,—You are doubtless aware that, at the assizes recently held in Bristol, two members of our profession, Dr. Henry Marshall and Dr. J. E. Shaw, of Clifton, were subjected to the annoyance and worry of an action for damages for certifying a lady to be insane. Although they were completely successful in defending their conduct, yet, in addition to their loss of time and anxiety necessarily attendant upon such an action, they are left, on account of the plaintiff's impecuniosity, to pay their own heavy costs. It has been generally felt, by those more especially acquainted with the circumstances, that the case is a particularly hard one, and that many members of our profession, any of whom, in the present state of the law, are liable to a similar prosecution in the course of their daily duty, would be glad to contribute towards a fund raised for the purpose of relieving Dr. Marshall and Dr. Shaw to some extent of the heavy pecuniary fine incurred, and at the same time of expressing their sympathy with them in a practical manner. Dr. E. Long Fox has consented to act as treasurer of the fund, and subscriptions may be forwarded to him at Church House, Clifton, or to either of the undersigned.

We are, dear Sir, yours truly,

J. MICHELL CLARKE, M.B., 2, York-buildings, Clifton,
W. H. HARSANT, 16, Pembroke-road, Clifton.
Hon. Secretaries.

SUBSCRIPTIONS ALREADY PROMISED.

Atchley, G. F., M.B.	£2	2	0	Griffiths, L. M.	£2	2	0
Board, E. C.	10	10	0	Harsant, W. H.	5	5	0
Bush, J. Paul	1	1	0	Leonard, Miss Katherine	10	10	0
Clarke, J. Michell, M.B.	1	1	0	Penny, W. J.	2	2	0
Cross, F. Richardson, M.B.	5	0	0	Skerritt, E. Markham, M.D.	5	5	0
Daore, J.	1	1	0	Smith, R. Shingleton, M.D.	5	5	0
Dobson, N. C.	5	5	0	Swayne, J. G., M.D.	10	10	0
Fox, E. Long, M.D.	10	0	0	Swayne, S. H.	5	5	0
Fyffe, W. J., M.D.	5	5	0	Waldo, H., M.D.	2	2	0

BOVINE AND HUMAN TUBERCULOSIS.

To the Editors of THE LANCET.

SIRS,—The letter of Dr. Creighton in THE LANCET once more draws attention to the most important subject of bovine tuberculosis and its relationship to tuberculosis in mankind and other creatures. There is no need, in discussing such a serious matter, to wrangle about whether the medical or veterinary profession initiated investigations into the communicability of the disorder. Since the end of the last century veterinary surgeons have been observing and studying its manifestations in cattle, and early in this century had arrived at certain conclusions with regard to it. For more than a hundred years the flesh of tuberculous cows has been looked upon with suspicion, and at different times in some continental countries laws have even been passed forbidding its sale for human food. The milk of tuberculous cows has also at times been condemned, though not altogether because there was any supposed danger attached to it, but because it was poor in quality. Dr. Creighton is right, so far as I know, in ascribing to Klencke the first published notice of the communicability of the malady to mankind by means of the milk of "scrofulous" cows. But the evidence rested only on clinical observation, and though the cases he adduces appear to warrant the conclusion he arrives at, and though in recent years similar observations have been made public, yet they are not absolutely convincing that the human species can be, or has been, so infected. But clinical observation and most careful experiments on animals have gone far to demonstrate that infection of mankind by the flesh and milk of tuberculous animals is possible—nay, very probable. And in this demonstration members of the veterinary profession have played a very important part, though Villemin, of the Val de Grâce Hospital, Paris, in 1865, and again in 1866, led the way in experimental investigation. Soon afterwards Gerlach, then principal of the Hanover Veterinary School, undertook a series of experiments which were conclusive as to the communicability of the disease to various species of animals. At the same time (1868) Chauveau, then at the Lyons Veterinary School, instituted experiments which had the same results as those of Gerlach, and proved beyond doubt that the disorder could be conveyed not only by inoculation, but also through the digestive apparatus. Chauveau was, I believe, the first to indicate the danger of allowing the flesh of tuberculous cattle to be utilised as human food. The veterinarians, Harms, Günther, Bollinger, Bagge, Zürn, Semmer, St. Cyr, Jolin, Leisering, and others, experimenting in the same direction, all reached the same conclusions, and, with Toussaint of the Toulouse Veterinary School, conclusively showed that flesh and milk were infective.

So strong and so startling was the evidence thus accumulated, and so alarming did the matter appear with regard to the public health, that in the *British and Foreign Medico-Chirurgical Review* for October, 1874, I called attention to its urgency, gave the chief facts—clinical and experimental—recorded up to that time, and concluded my paper as follows: "From what has been already ascertained, there is every reason to view with grave suspicion the use of the flesh of phthisical cattle as food, especially if the disease is much advanced and the tissues are generally involved. But with more reason the milk from cows affected with tuberculosis should be prohibited, more particularly for the use of infants, who mainly rely upon milk for their sustenance, and whose powers of absorption are very active. Even if such milk did not possess such dangerous infective properties, its deficiency in nitrogenous matters and in fat and sugar, and the increased proportion of earthy salts, would alone render it objectionable as an article of diet. It has long been known that it was liable to produce diarrhœa and debility in infants; but though many children fed on such milk may have died from general or localised tuberculosis, the part probably played by this fluid in its production has not been suspected." Since that time I have seized every opportunity of insisting upon the danger of tuberculosis in cows, in the *Veterinary Journal*, in public addresses, and especially in my work on "Veterinary Sanitary Science and Police" (vol. ii.), published so long ago as 1875; I have earnestly endeavoured to point out the destructiveness of the disease among cattle, and the peril to which its extensive prevalence exposes our own species. In the report which, in conjunction with Dr. Lydtin, Principal Veterinary Surgeon of the Grand Duchy of Baden, and M. Van Hertsen, Chief Inspector of the Brussels Abattoir, I drew up for the International Veterinary Congress held at Brussels in 1883—which report was translated and published in London in that year, entitled "The Influence of Heredity and Contagion on the Propagation of Tuberculosis,"—the injurious effects of the consumption of flesh and milk are fully considered, and the question viewed from a sanitary standpoint. To settle the question conclusively, and bring its serious aspect forcibly home to every mind, we require undoubted evidence of human infection from diseased cattle, and without resorting to experimentation on man, there will always be doubt. But to mention this test is to be condemned as a monster. At the first meeting of the National Veterinary Association, held in London in May, 1883, and at which I had the honour to be president, the subject of tuberculosis was discussed, and in the course of my observations I remarked: "A great difficulty we meet with is that, while we can experiment upon animals to prove the transmissibility of the malady from one to another, we cannot do so with regard to the human species. It has struck me that we sometimes waste human life—that we throw away very good opportunites for experiment by the manner in which we dispose of our criminals. I think no better use could be made of those condemned to death than by experimenting on them in this direction. We know that if animals be fed for a certain time with tuberculous matter serious alterations will take place in their bodies, although they may appear to be in perfect health. I do not know whether the hyper-sentimental people, the extreme moralists of this country, would tolerate such a proceeding, but I do think that criminals who so far offend against society as to take away human life should be thus made to atone to society, whose moral principles they have violated. Feeding, or even inoculating, such criminals with the products of tuberculous animals, in order to discover whether, after execution, such matters have produced in them the pathological alterations noticed in creatures so treated, would decisively, and for ever, solve a most serious sanitary problem." Without such a test, I fail to see what conclusion the Congress which meets in Paris this year to consider the subject can arrive at, beyond what has been already established. The disease is terribly prevalent in cattle, as everyone knows who frequents slaughter-houses or cowsheds, and it is on the increase, our very choicest breeds being greatly involved. Unless legislative measures are promptly introduced to limit or suppress its ravages, it will cause fearful havoc among our live stock, if it does not ultimately exterminate it.—I am, Sirs, yours faithfully,

GEORGE FLEMING, F.R.C.V.S.,
March 27th, 1888. Principal Veterinary Surgeon of the Army.

NERVE SHOCK v. HYSTERIA.

To the Editors of THE LANCET.

SIRS,—My views on this subject were arrived at near the end of the year 1864. They were brought before the profession in an address to the Hunterian Society in February, 1866. Subsequent experience has amply confirmed the opinions then formed, and in no material respect have they been altered.

I am glad to find that Sir James Paget, as well as Dr. Wilks and his colleagues, have renounced the theory of uterine irritation as a factor in hysteria; but why do they retain the name after they have discarded the hypothesis? It is only a fair question whether this change of opinion, as well as Sir W. Gull's "very clever speech at Oxford," was before or after 1866. Nevertheless, I do congratulate Sir W. Gull on the alteration of his nomenclature as well as of his treatment of anorexia, and only regret that he and his colleagues, including Dr. Wilks, did not adopt similar humane and rational treatment in the case of Sarah Jacobs, the Welsh fasting girl, in 1869, and so prevent a miserable *fiasco*. Surely, on this point at least, Dr. Wilks will acquit me of misrepresentation, as well as of the imputed error of dates.

I was not aware that I had ever denounced Dr. Wilks, but I cannot agree with him in thinking that a young lady, who appears to have died from the shock of grief, "accomplished her death by her own fixed determination." I cannot undertake to say that the catastrophe could have been averted, but I do not consider that the best means were taken to prevent it. It appears to me to be one of a very large class of case in which the imputations of wilfulness, obstinacy, &c., form so characteristic a feature in the hysteric hypothesis,

and which Dr. Wilks does not say whether he and his colleagues, and Sir James Paget, have renounced together with the doctrine of uterine irritation. Be this as it may, this doctrine, as well as the other, appears to me not only to be unsound, but to exercise a very baneful influence in the treatment of this class of case, as the following will show. Not having Dr. Hilton Fagge's lectures at hand, I cannot verify either Dr. Wilks' quotation or my own, but I was not aware that surgeons proceeded to operate for stone without first "sounding for stone." I did certainly read the case with the impression that the girl was tied up in the position of lithotomy before the student class partly as a punishment for her deception and partly as a curative proceeding. This is what I mean by "the perversion of *ego*" as applied to the profession. Incapability and loss of moral power are palpably the results of shock; but if (1) this simple state of shock be irritated by mismanagement or wrong imputations, (2) irritated disability is the consequence, and it is not just to blame the patient for that which a better treatment would have obviated; nor for (3) the moral perversion which is reached at a lower stage. In a word, the hysteric doctrines mislead the doctor, mismanage the case, and throw the blame on the patient.

In conclusion, if Sir W. Gull and Sir J. Paget agree with me that a young woman who has lost her appetite on the one hand, or is sick on the other, should be treated reasonably and humanely, and without prejudice, I am content. If I could think that I have helped to a better understanding of this obscure class of case, I am more than content. I should be deficient in courtesy if I did not congratulate Sir J. Paget and Dr. Wilks and his colleagues, as well as Sir W. Gull, on their change of opinion. Nothing would give me greater pleasure than to see them *all* make a *tabula rasa* of hysteric doctrines, especially as regards the teaching of the rising generation of medical practitioners.

I am, Sirs, yours obediently,

Elstree, April 2nd, 1888. D. DE BERDT HOVELL.

ITALIAN SURGERY.

To the Editors of THE LANCET.

SIRS,—During a recent visit to Turin I had the advantage of going round the surgical wards of the Ospedale San Giovanni with Dr. Caponotto, who at the time had a large number of serious cases under his treatment.

The hospital is visited at 7.30 A.M.; it contains 600 beds, open to comers from all parts of the world, to each of which is allotted a larger amount of cubic space than is usual in our principal hospitals. Amongst the cases were resections of the hip and other joints, laparotomy, and all kinds of accidents. There was one case in which a rib had been resected, with the insertion of an indiarubber drainage tube, for purulent infiltration. The opening was beneath the right scapula; and I was informed that without removal of a portion of the rib it would have been impossible to prevent the tube from being pressed upon and occluded. These drainage tubes were used in a surprising number of cases, as well as the hydrostatic douche; but nothing like "Listerism" was attempted. The solution employed was bichloride of mercury of the strength of 1 part in 5000 only, and I was struck by its beneficial action upon chronic ulcers of the leg. With regard to dressings, I did not see any tow employed, but the most enormous quantity of cotton wool was used as a ready means of obviating friction in all cases of fracture, wounds, or operation. In many cases both the absorbent and non-absorbent, or partly felted cotton wool, were used. Dr. Caponotto impressed this on the minds of the pupils by the pleasantry, "Voilà le coton hydrophile, et le coton hydrophobe." At 10 o'clock, after the regular visit, there was an operation for strangulated inguinal hernia. Vomiting had already occurred during two days, but the included portion of the intestine was not mortified. It seems to have been in a measure protected by the mechanical wedging up of the inguinal canal by a portion of the omentum, which with the sac was removed during the operation, thus attempting the radical cure. I need scarcely say that I received the greatest politeness from all present, and that some of our most distinguished men were specially inquired after. Chloroform alone was used as an anæsthetic, and sometimes for even an hour at a time.

I am Sirs, your obedient servant,

Upper Norwood, March 29th, 1888. EDWD. HAUGHTON, M.D.

CIVIL "FIRST AID": LIGHT, WARMTH, AND WATER.

To the Editors of THE LANCET.

SIRS,—I have just read a letter under the above heading from Dr. Braxton Hicks, which appeared in the columns of THE LANCET on the 24th ult. Personally, I feel grateful to the writer for the suggestions he has made, which cannot fail to be useful; but I beg you will allow me to explain one or two points in his letter which otherwise, perhaps, may convey an erroneous impression.

Dr. Braxton Hicks states that he has inquired at the offices of the St. John Ambulance Association, and finds that "there is an absence of apparatus to accompany the litter or stretcher whereby warmth, light, and water can be conveyed to the injured." To this I would reply that at these offices there is not as yet any organisation for giving prompt aid to persons injured in the streets of the metropolis, but there is a depôt at which articles for the purpose he has indicated can be procured. Occasionally during the daytime we are asked to convey to the hospital a person who has met with an accident in the immediate neighbourhood, and we are always ready to comply with such a request. The Invalid Transport Corps, which fulfils a different object, has horse ambulance carriages, and these are furnished with proper apparatus for giving warmth, light, and water. From the stores of the Association, stretchers, two-wheeled litters, and horse ambulance carriages are sent to all parts of the kingdom, and the purchasers please themselves as to how far they will complete their arrangements by adding other things for the comfort of sufferers for whom they are intended, as was done by Dr. Braxton Hicks after he had purchased one of our litters for Lymington. It is to such purchasers I would recommend his suggestions, and if they will apply at St. John's Gate they will find that articles designed for the same purpose as those to which he has referred are frequently supplied to those who ask for them.

I may add, in proof of my agreement with your correspondent, that in my opinion no ambulance station, open day and night, would be complete without proper means for giving warmth, light, and water; and I hope the day may not be far distant when there will be many such stations in the streets of London.

I am, Sirs, your obedient servant,

JOHN FURLEY,

Deputy Chairman, St. John Ambulance Association.

St. John's-gate, E.C., April 2nd, 1888.

MR. ADAMS ON "HAMMER-TOE."

To the Editors of THE LANCET.

SIRS,—Mr. Adams, in his paper at the Medical Society, is reported to have said that "it was never caused by short or narrow boots, although they might aggravate the affection"; and similar statements were reported as made at the reading of Mr. Anderson's paper before the Clinical Society last year. In all ordinary boots, by whatever class worn—I do not speak of those extremely pointed,—the toes are more or less pressed together. Now, the great toe has its natural plane of movement obliquely downwards and inwards on flexion, and the position of rest is one of extension and slight eversion; that of the other toes is one of slight flexion. Obviously, then, the great toe will probably be packed over, rather than under, the second. All the smaller toes (having three segments) are naturally drawn into the position of "hammer-toe" with every action of their long flexors; and if the second be held down at its tip, the continued action of its flexor will draw it more and more into that position. When the boot is removed, the elasticity of the ordinary sock, which is pointed, is enough to prevent extension of the toe so fixed; and even when this is removed for the night, there is usually no such habit of stretching out the toes as to counteract the conditions under which the one in question has all day been placed. These conditions, as it seems to me, would be sufficient to cause permanent flexion in any joint of the body, and I am at a loss to understand why in the case of the second toe they should never cause a deformity which they are so exceedingly well adapted to produce.

I am, Sirs, yours truly,

Gloucester, March 26th, 1888. T. S. ELLIS.

THE SURGERY OF THE KIDNEY.

To the Editors of THE LANCET.

SIRS,—Whilst teaching anatomy in the dissecting-room of the London Hospital I have lately come across some variations in the relations of the pleura to the last rib that may be of interest, and possibly of use, to those engaged in the surgery of the kidney. I believe it is a practice in the operation for removal of the kidney to remove the last rib, or a portion of it, if necessary. In so doing, the relations of the pleura to the last rib is an all-important fact to keep in mind. In the majority of cases examined (about fifty) I found the pleura reaching down as far as the upper border of the last rib at its centre, but not adherent, being separated by a well-marked cellular interval, making it possible to remove the whole or part of the rib without opening the pleura. In a small minority of cases the pleura extended as far as the centre of the last intercostal space without coming in contact with the last rib. In about an equal number of cases the pleura lined, and was intimately adherent to, the greater part of, the inner surface of the last rib. In one case the pleura extended as far down as two inches and a half below the last rib, approaching behind the upper limit of the kidney on the left side. I must not forget to say that in this case I suspected eleven ribs, and, on counting, found that such was the case, the twelfth rib being quite rudimentary. I could detect no difference, as a rule, in the relations of the pleura to the last rib on the two sides of the chest. The last case cited would suggest the rule to invariably count the ribs before operating on the kidney.

I am, Sirs, yours truly,

MAYO COLLIER, M.S. Lond.

New Cavendish-street, W., March, 1888.

"CONSTRUCTION OF HOSPITALS FOR INFECTIOUS DISEASES."

To the Editors of THE LANCET.

SIRS,—With reference to recent letters on the above subject, allow me to say that I have not found any difficulty either in heating or disinfecting temporary buildings.

I am, Sirs, your obedient servant,

Homerton, E., April, 1888. ALEX. COLLIE.

NORTHERN COUNTIES NOTES.

(From our own Correspondent.)

NEWCASTLE ROYAL INFIRMARY AND H.M.S. "VICTORIA."

THE huge ironclad *Victoria* is now quite ready to proceed down the river, and a happy idea occurred to someone that the vessel might be thrown open to the public at a fixed charge, the proceeds to be devoted to the funds of our Royal Infirmary. Fortunately the proposal was acceded to by the Admiralty and by the firm of Lord Armstrong, Mitchell, and Co., the builders, in whose hands the vessel remains, preparatory to her being handed over to the naval authorities. So she was thrown open yesterday (Easter Monday), and was visited by many thousands, and it is expected that the proceeds will reach quite £400. H.M.S. *Victoria* is one of the most powerful vessels of war in the British navy, and her armour, guns, and equipment in general are of the most formidable character. Her length is 340 ft.; breadth, 70 ft.; mean draft, 26 ft. 9 in.; displacement, 10,500 tons; and horse power, 12,000. It had been originally intended that the name of the ship should be the *Renown*, but in honour of her Majesty's Jubilee the name *Victoria* was substituted. One of the wonderful sights on board the vessel was her extraordinary heavy armaments. She will carry, in addition to guns of various smaller sizes, two 110-ton guns, the largest weapon of war we manufacture in this country. This gun is 44 ft. long, and the diameter of its bore is 16·25 inches. The projectile thrown from the gun is 1800 lb. in weight, and is fired by a charge of 960 lb. of powder. As the shot leaves the muzzle it travels at the rate of 2128 ft. per second, and it will penetrate 34 in. into an armour-plate. The gun is loaded, elevated, and lowered again by hydraulic power. The cost of the gun is £34,000, and a sum of £188 is expended each time a shot is fired. It is pleasant, however, to know that this magnificent warship has commenced her career in aiding such a work of mercy as our Royal Infirmary.

DURHAM.

The Durham Rural Sanitary Authority, having reduced the salary of their medical officer (Mr. Alderman Blackett, at present Mayor of the city of Durham) from £150 to £100, the Local Government Board have written to say that they are unable to look upon the salary proposed as being sufficient to justify them in allowing repayment on account thereof from the Parliamentary grant. It is shown that when the salary was £150 the Local Government Board repaid half the sum; so unless the salary is increased again the result will be an additional burden of £25 on the local rates. The appointment of medical officer to the Durham Workhouse being vacant, Mr. A. M. Vann is a candidate for the office. Mr. Vann first became noted by the citizens of Durham for his arduous labours and unceasing attention to the sick poor during an epidemic which visited the town in 1884-5. His gratuitous labour and exertion at that time did not go unrewarded. The Urban Sanitary Authority not only appointed him their medical officer of health, but they awarded him £150 as some compensation for his willing services to the sick in time of need. The Watch Committee appointed him as their medical officer, and the Board of Guardians also appointed him to be district officer of the union.

NEWCASTLE CITY HOSPITAL FOR INFECTIOUS DISEASES.

The Mayor of Salford and the Sanitary Committee of that borough, together with the medical officer of health, have lately visited our new Hospital for Infectious Diseases. They were received by the Mayor of Newcastle, the medical officer of health, and our Sanitary Committee, who accompanied them in their inspection of the new hospital. Our Mayor has since received a letter of thanks from the Mayor of Salford for his hospitality, and an acknowledgment of the valuable hints received by the Salford deputation as regards the construction of the new Infectious Hospital.

SNOW BLINDNESS IN THE NORTH.

Several cases of snow blindness have been reported from the district of Upper Teesdale. Snow cutters in many instances have suffered severely from this cause, and in one case total blindness has followed.

Newcastle-upon-Tyne, April 3rd.

EDINBURGH.

(From our own Correspondent.)

THE SCOTTISH UNIVERSITIES BILL.

THE publication of the Government measure for the better administration of the Universities of Scotland has been greeted with singularly unanimous expressions of satisfaction on all hands. It was not to be expected that this would be the case, as the interests affected by the proposed measure are extremely varied, and it might have been thought in some cases mutually antagonistic. This reflects the greater credit upon the Scottish Secretary and the Lord Advocate, who are responsible for the present form of the Bill, and who appear to have succeeded in disarming opposition in all important quarters by the manner in which the Bill is drafted, and by the discriminative assurances in certain quarters by which its introduction to Parliament has been accompanied. Compared with the Bill of last year, there has been a great advance in proposals of a liberalising tendency; and the Bill as it now stands will, if carried, effect a complete and much-needed revolution in the University polity. It is not too much to say that in the transference of the administrative power from the Senatus, which consists solely of the professoriate, to a reconstituted and thoroughly representative and responsible University Court, the University will have changed its character from a private speculation to a great public institution, and its system of government from an irresponsible to a constitutional form. In the reformed University Court, as proposed in the Bill, the various constituent bodies of the University are to have a representation fairly proportional to their several degrees of importance, and it is particularly

interesting to note that the undergraduates, who have until now occupied the unenviable position of a *corpus vile* in the financial experiments of the University treasury, are now to have efficient representation in the governing body, and a legitimate opportunity of commenting upon measures that specially affect their interests. Amidst the widespread expressions of approval with which this measure has been greeted, it is to be regretted that even a single dissentient voice should be raised; but it appears that the Town Council of Edinburgh have taken fright at some of the clauses in the proposed measure, and have decided to petition against the Bill and to oppose its progress in Parliament. The cause of their dissatisfaction is a recrudescence of an old sore. Originally the University of Edinburgh, once known as the "Town's College," was almost exclusively regulated by the city magnates; and it was only after repeated struggles, waged often with intense bitterness on both sides, that the University became to some degree autonomous. Even at the present time the Town Council has a fourth of the University Court directly representing it, and one source of the present dissatisfaction with the Bill is the proposal that this representation be reduced to the proportion of one-eighth. But a more serious objection relates to the patronage of more than half the chairs in the University, which at present rests with a Board of Curators in which the Town Council has a clear majority. A somewhat involved clause in the Bill has been read as indicating a dethronement of the Board of Curators and the investment of their powers in the hands of the reconstructed University Court, in which the town is to have only half its present influence. It is no wonder that such a shaft planted in so tender a spot should give rise to a good deal of uneasiness; but there is good reason to hope that the intention of the clause, which, after all, merely makes this a question for the Commissioners under the Act to decide, is not so revolutionary as the city fathers seem to think it; and it is probable that such assurances will be given officially at the next stage in the progress of the Bill as to disarm this only evidence of hostility that it has so far encountered.

THE LATE PROFESSOR WILSON.

A well-known figure and familiar face to those in any way connected with the University of Edinburgh have been lost by the death, last week, of Emeritus Professor Wilson. For over twenty years he held the Professorship of Agriculture in the University, and for a considerable part of that time acted as secretary to the Senatus Academicus. At one period of his life he was closely identified with the work of the late Prince Consort, in making arrangements for the first International Exhibition, and from time to time he has acted on important commissions on agricultural questions, and has frequently given skilled evidence on matters connected with the agricutural interests of the country. Two years ago he retired from the chair, in which he has been succeeded by Professor Wallace, formerly of the Cirencester College. In University politics the late Professor was a staunch Conservative, and his long connexion and intimate acquaintance with University affairs gave his opinions considerable weight in its management. He was well known socially, and leaves a very large circle of friends and acquaintance to mourn their loss.

ENTRIES AT THE UNIVERSITY.

The entries on the medical side of the University for the preliminary examinations in general education show a considerable falling off this year as compared with former numbers. It is even stated that the number is nearly a hundred less than at the corresponding period last year. This is on the whole satisfactory, and will produce a feeling of relief in the minds of those teachers and students who have really grasped the meaning and experienced the strain of the recent plethora of undergraduates in the University. Even a slight reduction will relieve the tension in both cases, and will render both the teaching and its results more satisfactory.

BOVINE TUBERCULOSIS IN SCOTLAND.

At a recent meeting of the Edinburgh Medico-Chirurgical Society a minute was adopted commenting on the wide distribution of tuberculosis among farm animals in Scotland, and the necessity for a more thorough inspection of dairies and slaughterhouses with a view to restricting the spread of the disease. It was decided to memorialise the Privy Council in regard to the matter.

Edinburgh, April 4th.

DUBLIN.

(From our own Correspondent.)

LECTURER IN FORENSIC MEDICINE, SCHOOL OF PHYSIC, TRINITY COLLEGE, DUBLIN.

By the death of Dr. Robert Travers the chair of Forensic Medicine in Trinity College has become vacant. Heretofore the appointment was in the hands of the College of Physicians, who elected a lecturer for the ensuing year on St. Luke's Day, Oct. 18th, but on this occasion the election will be by the Board of Trinity College—that is to say, by the Provost and senior Fellows of the University, and will take place on Saturday, the 7th inst.

THE ROYAL COLLEGE OF SURGEONS AND THE APOTHECARIES' HALL CONJOINT EXAMINATIONS.

The examinations for the Letters Testimonial of the Royal College of Surgeons, and for the Licence of the Apothecaries' Hall, to be held by these bodies conjointly, will commence with the First Professional Examination on May 14th next. Fees and schedules of study must be lodged on or before April 30th. It is thought that a good number of candidates will come forward for this examination.

CORK DISTRICT LUNATIC ASYLUM.

There are at present nearly 1000 inmates in this asylum, which is far beyond the available accommodation. The architect of the Board of Control has estimated the cost at about £25 per bed, being equal to £7500 for 300. It is thought probable, however, that £10,000 would be nearer the amount. The matter was under consideration by the governors at a special meeting held last week, and the following resolution adopted: "That before coming to any decision with respect to the report of the architect of the Board of Control with regard to providing increased accommodation in this asylum, we request that the Board of Control will clearly define for our information our responsibilities in this matter under the various Acts of Parliament, and that the further consideration of this matter be postponed to our next meeting."

DUNDALK DISPENSARY.

The committee of management recently recommended that a retiring allowance of £100 a year be granted to Dr. Brown, who has lately resigned the office of medical officer of Dundalk dispensary district, which he had held for the past forty years. When the recommendation came before the guardians to be ratified, an amendment was proposed that a sum of only £52 be allowed. This was lost by twenty-one votes to nine, and the original motion passed by a large majority.

Dublin, April 3rd.

BELFAST.

(From our own Correspondent.)

THE BELFAST OPHTHALMIC HOSPITAL.

THE annual report read at the last meeting of the friends of this institution, held on March 29th, shows that there have been during the year 76 in-patients, while at the dispensary attached to the hospital 956 eye cases, 290 ear cases, and 160 throat affections have been treated, making a total of 1482 cases. During the present winter session clinical instruction upon diseases of the eye, ear, and throat has been given to senior medical students. Dr. J. Walton Browne, who read the medical report, said that during the past twelve months twenty-five cataract operations had been performed in the hospital, without the loss of a single eye. The certificates of this hospital, by a recent resolution, were recognised by the Royal University. The financial condition of the hospital is most satisfactory. The year was commenced with a balance of £33, and soon a balance of £57 was shown, an increase of £24.

MEDICAL APPOINTMENTS.

Owing to the resignation of Dr. S. Dunlop, a vacancy has occurred in the house-physicianship of the Royal Hospital, and this was filled up on March 26th by the appointment of Dr. Mackisack. A few weeks ago Dr. B. H. Spedding resigned his appointment as dispensary doctor in one of the

Belfast districts. Dr. G. C. Biggers was transferred to the district held by Dr. Spedding, and Dr. Osborne has been elected to the vacant post after a very keen contest.

SANATORIUM IN ROSTREVOR.

I understand that a company is about to be formed for the purpose of erecting a sanatorium in Rostrevor, which is the favourite winter health resort in Ulster. This place is deservedly popular, as, owing to its situation, it is protected from the east winds, while at the same time those residing in it enjoy the beautiful scenery of Carlingford Lough. The sanatorium is to be provided with all the latest modern improvements, and should be a success.

HEALTH OF BELFAST.

At the meeting of the Town Council, held on March 31st, a report from the medical superintendent officer of health was read. The report states that between the 1st and 29th of Feqruary 15 cases of zymotic disease have occurred among persons seeking dispensary relief. The average death-rate from all causes was for the four weeks ended March 24th 33·6. It was 13·4 from lung affections, and 5·01 from zymotic diseases. The death-rate was 5·4 in children under one year of age, and in persons at and above sixty years it was 6·4. The general death-rate is very high, as well as that among the young and the old. All these death-rates and also the mortality from measles and whooping-cough, are, according to the report, clear indications of the fatal effects of the past and still present inclement and variable weather. During the past four weeks no death has occurred from typhus, and only 5 each from scarlatina and typhoid; diarrhœa furnished 7 cases.

April 3rd.

PARIS.

(From our own Correspondent.)

THE LATE DRS. BLOT, CONSTANTIN JAMES, MARTINEAU, AND BROCHIN.

DEATH has been rather busy among the ranks of the profession in this country, for, to count only those in Paris, there have been four carried off during the past month of March—viz., Drs. Blot, Constantin James, Martineau, and Brochin.

Dr. Blot, the well-known accoucheur, was an *agrégé* of the Faculty of Medicine of Paris, and a member of the Academy of Medicine, of the vaccine department, of which he was for a long time director. He died on March 15th after a long illness.

Dr. Constantin James, who took his degree in 1840, died on March 12th, after only three days' illness, from an attack of pneumonia. He was seventy-five years of age. Dr. James distinguished himself by his works, particularly that on the mineral waters. Latterly his criticisms on the anti-rabic method of M. Pasteur, his theories on hypnotism and suggestion, and his polemics on the experiments of Drs. Charcot and Luys had caused some sensation. He had also written a work to combat the Darwinian doctrine, which the Emperor of Brazil is said to have annotated with his own hand.

Dr. Martineau, physician to the Lourcine Hospital, died suddenly on March 13th, in the fifty-third year of his age. He was admitted as a hospital interne in 1859, and took his degree in 1863. He was a very distinguished gynæcologist, and had written several important works. In one of his most recent lectures on the "Therapeutics of Chronic Metritis," at the Lourcine Hospital, Dr. Martineau endeavoured to show that the treatment of metritis is not simple, as it was said to be by the older gynæcologists—that this disease did not rest on one lesion only, and that it did not suffice to cure this lesion to insure that the uterine inflammation which gives rise to the lesion is cured. He taught that the curability of metritis, like that of all uterine diseases, is possible only on the condition of treating the general malady, constitutional or diathetic, on which it depends. Dr. Martineau has thus removed the treatment of metritis from the narrow limits of anatomical and symptomatic localisation. The deceased gentleman was for a long time one of the secretaries to the General Association of the Medical Men of France, to which benevolent institution he leaves the large fortune he acquired by his practice. His death is much regretted by his numerous friends and patients.

Dr. Robert Hippolite Brochin, the principal editor of the *Gazette des Hôpitaux*, died on March 25th, from an attack of apoplexy. He was born at Carcassonne in 1808, and, beginning his medical studies at Montpellier in 1830, finished them in Paris in 1837, when he took his degree. Dr. Brochin preferred medical literature and journalism to practice, and during half a century, with unremitting zeal, he devoted himself to the latter. He always supported the vitalistic principles of the School of Montpellier. He had been one of the principal contributors to the *Gazette Médicale*, to the *Esculape*, to the *Examinateur Médical*, to the *Revue Médicale*, and finally to the *Gazette des Hôpitaux*, of which, as I have said, he became principal editor. For several years past Dr. Brochin spent the season each year at Mont-Dore, where he was one of the consulting physicians, and was much appreciated as a judicious and skilful practitioner. He died in the arms of his son, Dr. Albert Brochin, who has proved himself a worthy successor of his father in the profession.

DEATH OF M. PLANCHON.

Intelligence has just reached Paris of the death of Professor Planchon, of the Faculty of Medicine of Montpellier, which took place suddenly yesterday. He was director of the Jardin des Plantes and member of the Academy of Sciences.

Note.—In the report of M. Terrier's remarks on Vaginal Hysterectomy, at the Surgical Congress, p. 651, fifteenth line from the bottom of the first column, the word "abnormal" should of course have been printed *abdominal*.

Paris, April 4th.

Obituary.

ROBERT TRAVERS, A.M., M.D.

THIS well-known member of the medical profession in Dublin died at his residence in Blackrock on Tuesday, March 27th, in his eighty-first year. He was educated at Trinity College, where he obtained a moderatorship at his examination for the Bachelor of Arts in 1832, and three years afterwards the degree of Master of Arts. The same year he graduated in Medicine, and in 1874 obtained the degree of Doctor of Medicine. In 1849 the Fellowship of the College of Physicians was conferred upon him, and in 1864 he was elected to the Professorship of Forensic Medicine in the School of Physic, University of Dublin. He also lectured on the same subject at the Ledwich School of Medicine for the past forty-three years, and only resigned the day before his death. He was a very well-read man, and his fluency as a lecturer was remarkable. His appearance was singular and not at all professional, and Sir Charles Cameron, in his History of the Irish College of Surgeons, thus refers to the deceased: "Dr. Travers pays but scant attention to his costume, but beneath his plain, unvarnished exterior we may say in the language of the poet—

'Ingenium: ingens
Inculto latet hoc sub corpore.'"

His contributions to medical literature include an "Essay on Personal Identity, and its Proof from Physical Signs," which was published in Dublin in 1872.

UNIVERSITY COLLEGE HOSPITAL, LONDON.—The governors and subscribers of this hospital held their annual meeting last week. The report stated that the legacies and donations had been larger than during the previous year, and there was also an addition to the annual subscriptions. The fund for rebuilding the hospital had been increased by a donation of £1500 from Mrs. Nathaniel Montefiore, and by donations from old students of the hospital who had settled in the Colonies. The nursing, still entrusted to the Sisters of All Saints Home, was satisfactory alike to the medical staff and to the committee. The "Wakley" Convalescent Home was expected to be shortly opened for the reception of patients. Eight beds and two cots had been permanently endowed and named in memory of deceased relatives and friends. The number of out-patients had gone up from 37,377 in 1886, to 44,38 in 1887. The debt at the end of the year was upwards of £17,000, and a further entrenchment upon the small reserve of investments was only averted by borrowing again from the bankers.

Medical News.

SOCIETY OF APOTHECARIES.—The following gentlemen, having passed the qualifying examination in Medicine, Surgery, and Midwifery, have received certificates entitling them to practise in the same, and have been admitted as Licentiates of the Society:—

Abbott, Frederic W., Redruth, Cornwall.
Barratt, J. Oglethorpe Wakelin, Holloway Head, Birmingham.
Clarke, Thomas H., Montague-place, Poplar.
Cleveland, H. Francis, Kidbrook-grove, Blackheath.
Coryn, Herbert A. W., Acre-lane, Brixton.
Evans, Evan, King-street, Trinity-square.
Griffiths, J., The Grove, Ruyton-Eleven-Towns, Salop.
Metcalfe, William, Field House, Ingleton.
Read, Arnold E., St. Paul's Vicarage, Devonport.
Samman, Charles T., Deddington, Oxfordshire.
Shirtliff, E. Dickinson, Elm-side, Kingston-on-Thames.
Watkins, W. J., Rivers-street, Bath.
Williams, Frederic Newton, High-street, Brentford.

The following passed the Medical portion of the examination:

Aveline, H. Talbot Sidney, Bristol School of Medicine.
Baly, Ernest, London Hospital.
Howse, Arthur Edward, King's College Hospital.
Macleod, H. Hay Brodie, King's College Hospital.

The following passed the Surgical portion of the examination:

Andrew, Bennet Harvey, King's College Hospital.
Best, W. Jenner, London Hospital.
Cooke, Montague Percy, Middlesex Hospital.
Cosens, C. Henry, St. Bartholomew's Hospital.
Pegge, E. Vernon, King's College Hospital.
Stanley, C. James, King's College Hospital.
Trist, Hore Browse, St. Bartholomew's Hospital.

VICTORIA UNIVERSITY: FACULTY OF MEDICINE.—The following candidates have recently passed the respective examinations:—

INTERMEDIATE EXAMINATION.

*Ash, A. E., Owens Coll.	Beaver, H. A., Univ Coll.
Chalmers, A. J., Univ. Coll.	Griffith, W., Owens Coll.
‡Edwards, G. F., Owens Coll.	Robinson, F., Owens Coll.
†Horrocks, H., Owens Coll.	Wilson, A. C., Univ. Coll.
†Worles, P., Owens Coll.	

* Distinguished in Anatomy. † Distinguished in Anatomy and Physiology. ‡ Distinguished in Physiology.

FINAL EXAMINATION—PART 1.

Alcock, R., Owens Coll.	Stansfield, F. W., Owens Coll.
Buchanan, R. J. M., Univ. Coll.	§Thresh, J. C., Owens Coll.
Fearnhead, T., Owens Coll.	Watson, A. B., Owens Coll.
Kelynack, T. N., Owens Coll.	Wood, F. L., Owens Coll.

§ Distinguished in Pathology.

FINAL EXAMINATION—PART 2. (SECOND DIVISION.)

Pomfret, H. W., Owens College.

CORK NORTH INFIRMARY.—At a special meeting of trustees, Dr. D. O'Mahony was elected house surgeon for the ensuing two years.

MEDICAL MAGISTRATE.—Dr. T. A. Wotherspoon, of Brampton, Cumberland, has been placed on the Commission of the Peace for Cumberland.

VACCINATION GRANT.—Mr. E. J. Thompson, of the Measham district of the Ashby-de-la-Zouch Union, has received, for the second time, the Government grant for efficient vaccination in his district.

ROYAL INSTITUTION OF GREAT BRITAIN.—At the general monthly meeting, held on April 2nd, Sir J. Crichton Browne, F.R.S., in the chair, Dr. W. A. Brailey was elected a member of the Institution.

SUICIDE.—At an inquest on the body of Dr. Fredk. Porter Smith of Shepton Mallet, last week, the jury returned a verdict of "Suicide during temporary insanity occasioned by overwork." Prussic acid was the fatal agent employed.

THE YORK DISPENSARY, having now reached the hundredth year of its existence, a special appeal for subscriptions is being made to the friends of the charity. So far the appeal has been highly successful.

BEQUESTS.—Lady Tite, late of Lowdnes-square, London, has, by her will just proved, bequeathed legacies to the following institutions:—To the Hospital for Women, Soho-square, £800; to the Invalid Asylum at Stoke Newington, £800; to St. George's Hospital, £100; and to the Royal Free Hospital, Gray's Inn-road, £100.—The late Lady Esmonde has left a sum of £3860 for the benefit of the Wexford Lying-in Hospital.

THE PARKES MUSEUM.—The Duke of Westminster, K.G., has just made a donation of £100 to this Museum, to aid in its work of practical teaching and demonstrating sanitary science.

METROPOLITAN WORKHOUSES AND INFIRMARIES.—A return, moved for by Mr. Pickersgill, M.P., has just been issued to the members of Parliament, setting forth the accommodation provided in metropolitan workhouses and infirmaries, and in the several sick asylums of London.

EPSOM COLLEGE.—On Saturday last the Lord Mayor paid a visit to the Royal Medical Benevolent College at Epsom, and was conducted over the different buildings by several members of the Council. His lordship gave a short address to the boys, who seemed to duly appreciate the event.

A NOBLE GIFT.—Mr. W. H. Paling, of Sydney, has, it is stated, offered to Lord Carington his lordly estate at Camden, consisting of 456 acres, and a sum of £10,000, for the purpose of establishing and endowing a hospital for convalescents. The gift is intended by the generous donor to be recognised as a memorial of the centenary of the colony.

THE LATE MR. CONNER LYSAGHT OF BRISTOL.—A memorial window has been placed in the Bristol Royal Infirmary to commemorate the heroism of Mr. Lysaght, the late house surgeon, who sacrificed his life last summer in his humane endeavour, by sucking the tube, to rescue from suffocation a patient who had been tracheotomised.

COMPULSORY VACCINATION.—A Bill for making vaccination to cease to be compulsory has been introduced by Mr. Picton, M.P. for Leicester. It proposes to repeal so much of any Act as compels or enforces the practice of vaccination by the order of a court, or by penalty, or by the order of any person whatsoever or otherwise.

THE ANGLO-DANISH EXHIBITION AND FETE.—The Princess of Wales has been pleased to appoint Monday, May 14th, as the day on which Her Royal Highness will open this exhibition, which is intended to aid in raising funds for the rebuilding of the British Home for Incurables, South Kensington.

AT the annual general board meeting of the trustees of the Bristol Royal Infirmary on the 27th ult., it was, after considerable discussion, resolved that no alteration should at present be made in the qualifications required from candidates for positions on the honorary medical staff of the infirmary, but that the subject should be brought forward at the next quarterly board meeting.

SEAMEN'S HOSPITAL SOCIETY.—The sixty-seventh annual court of this Society was held on the 21st ult., at the Whitehall Rooms of the Hôtel Métropole, when the annual report and statement of accounts were read. The total number of patients treated in the wards of the hospital showed an increase in 1886 of 2267 and in 1887 of 2382.

ROYAL SEA-BATHING INFIRMARY, MARGATE.—The report read at the annual court of governors held on the 29th ult. stated that 535 patients had been admitted during the year, 574 had been discharged, and 12 had died. The directors regretted that they were still far from being able to bring the income up to the expenditure. The Duke of Cambridge had promised to preside at a festival dinner to be held at the Hôtel Métropole on the 19th inst.

PRESENTATION.—On March 17th a meeting of the villagers of Leadhills, Lanarkshire, was held in the Miners' Library, to present Mr. W. Macdonald, L.F.P.S. Glas., with a substantial token of the respect and affection in which he was held as the medical officer of the district and the surgeon of the mines. The testimonial consisted of a purse of sovereigns, which was presented by the manager of the mines in the name of the subscribers.

HOSPITAL SATURDAY FUND AND THE CABMEN.—The special committee of the United Cab Trade connected with the Hospital Saturday Fund held their annual meeting on the 30th ult., when it was reported that the sum of £163 had been realised at the last collection by London cabmen on behalf of the fund, an amount considerably in excess of that secured in the previous year. Mr. Frewer, the secretary of the fund, announced that the next collection would take place on July 14th next.

BROMPTON CEMETERY.—A petition is being signed by the residents in the vicinity of this cemetery against its continued use as a place of burial.

THE Hospital Committee of the St. George's Local Board, Bristol, have reported to the Board the completion of the Small-pox Hospital. It is intended that the fees of admission and maintenance (not yet fixed) should be within the means of the labouring classes.

THE PEAK HYDROPATHIC AND THERMAL ESTABLISHMENT, BUXTON.—This establishment, which has been considerably enlarged and remodelled, and fitted with all modern conveniences, was reopened with festive accessories on Monday last. Dr. and Mrs. Hyde, in celebration of the event, invited a large number of friends and old visitors to a dinner, and in the evening gave a concert and ball, which were well attended. Among the company were the Lord Mayor and Lady Mayoress of York, and many gentlemen from various parts of the county.

FOOTBALL CASUALTIES. — An inquest was held at Castleblayney on Wednesday on the body of Patrick Enteggart, who had died from the effects of a blow on the stomach in a football match at Carrickmacross on the previous Sunday. Verdict, accidental death.—Whilst playing in a match on the 31st ult., between the St. Helens Recreation (Rugby) Football Team and the Wigan Club, at St. Helens, William Parr, captain of the Recreation Team, sustained internal injuries. — Another casualty occurred in Dublin, in which a player sustained a fracture of the clavicle.

HOSPITAL AND DISPENSARY, SCARBOROUGH.—The annual meeting of the governors was held a few days since. The report for 1887 shows that 403 patients had been admitted, and that there were 1945 admissions to the dispensary department. The house-surgeons had paid 9989 visits. The increased number of patients had involved additional expenses, and there was a cash deficit of £107. A motion to substitute the monthly board of management, as the electors of members of the medical staff, for the governors, who comprise almost the whole of the subscribers, and thus prevent canvassing, was, after some severe criticism, withdrawn. It was, however, understood that an early decision by the executive should be arrived at as to canvassing for a medical appointment.

SOCIETY FOR THE STUDY OF INEBRIETY.—The annual meeting was held in the rooms of the Medical Society of London on the 3rd inst., the President, Dr. Norman Kerr, in the chair. Mr. Clark Bell, President of the Medico-Legal Society of New York, read a paper on the Medical Jurisprudence of Inebriety. Dr. T. D. Crothers, in treating of the study of inebriate criminals, laid down that the medical history of the accused should be first studied, then the crime. The prisoner's early growth, training, and health would reveal the capacity or incapacity of the brain. Inebriety was often a brain disease leading to the commission of crime. The President presented the recommendations of the New South Wales Intoxicating Drink Inquiry Commission, that an inebriate home should be opened at the public expense, besides a hospital for the treatment of quasi-criminal inebriates, the evidence having shown that punishment had been a failure, and that inebriety was a disease demanding remedial treatment.

ROYAL INFIRMARY, HULL. — On the 29th ult. was held the 105th annual meeting of the governors. In moving the adoption of the report, the chairman (Mr. H. Simpson) referred to the completion of the structural alterations of the building, which can now accommodate some 193 in-patients, instead of only 100, as heretofore. The meeting subsequently became special, in order to consider an alteration in the laws of the infirmary. An animated discussion ensued, on the proposal of the chairman to so modify one of the rules as to prevent any corporation, society, or firm electing more than one life governor, the effect of which would be to prevent the Working Men's Committee or the Friendly and Trade Societies' Demonstration Committee electing any more governors. The proposition was strongly opposed by the representatives of these committees. Ultimately a poll of the governors was demanded. A bust, presented by Mr. Keyworth, jun., of the late Dr. Sandwith, who was for twenty years a physician to the hospital, was uncovered by Mr. Simpson on behalf of the board of management.

Appointments.

Successful applicants for Vacancies, Secretaries of Public Institutions, and others possessing information suitable for this column are invited to forward it to THE LANCET Office, directed to the Sub-Editor, not later than 9 o'clock on the Thursday morning of each week for publication in the next number.

ANDERSON, W. H., M.B., C.M.Ed. & Glas., has been reappointed Medical Officer of Health for the Hoxne Rural Sanitary District, Suffolk.

BROWNE, GEORGE H., L.R.C.P.Ed., L.M., L.F.P.S.Glas., L.A.H.Dub., has been reappointed Medical Officer of Health for the Brynmawr Urban Sanitary District, Brecknockshire.

CHAMBERS, A. BERNARD, M.D. Roy. Univ. Irel., has been reappointed Medical Officer of Health for the Long Eaton Urban Sanitary District, Derbyshire.

CLARKE, J. ST. LEGER, M.R.C.S., L.K.Q.C.P.I., has been appointed Senior House Surgeon to Jervis-street Hospital, Dublin, vice G. Stoker, L.R.C.S.I., L.K.Q.C.P.I., resigned.

CLEGG, WALTER, M.R.C.S., L.S.A., has been reappointed Medical Officer of Health for the Boston Rural, Urban, and Port Sanitary Districts.

COKE, W. HARRIOTT, L.R.C.P.L., M.R.C.S., has been reappointed Medical Officer of Health for the Ashford Urban Sanitary District, Kent.

COX, WM. ALFRED, M.R.C.S., L.S.A., has been appointed Medical Officer for the Sutton and Cheam District of the Epsom Union, vice Wilton.

DALBY, AUGUSTUS W., L.R.C.P., L.R.C.S.Ed., has been appointed Medical Officer for the Nunney District of the Frome Union.

DOMENICHETTI, R., M.D.Ed., Deputy Inspector-General, Army (H.P.) has been reappointed Medical Officer of Health for the Louth Urban and Rural Sanitary Districts.

DOVE, A. C., M.B., B.S., M.R.C.S., has been appointed Pathologist to the Cancer Hospital, vice C. Stonham, F.R.C.S., resigned.

FENTEM, PHILIP SHELDON, M.D.Ed., M.R.C.S., has been reappointed Medical Officer of Health for the Northern Division of the Bakewell Rural Sanitary District.

FIELD, A. THEODORE, M.R.C.S., L.S.A., has been appointed Medical Officer and Public Vaccinator for the Fourth District of the Hollingbourne Union.

GABB, J. EDWARD, L.R.C.P.Ed., M.R.C.S., has been reappointed Medical Officer of Health for the Charlton-King's Urban Sanitary Districts, Gloucestershire.

GILES, OSWALD, L.R.C.P.Lond., M.R.C.S., has been appointed Medical Officer of Health for the Sleaford Rural Sanitary District, Lincolnshire, vice Ashby, appointed to the Reading Urban Sanitary District and others.

GOODALL, J. K., L.R.C.P.Ed. & L.M., L.R.C.S.Ed., has been reappointed Medical Officer of Health for the Whittington Urban Sanitary District, Derbyshire.

HALLIDAY, FREDERICK, M.R.C.S., L.R.C.P., has been appointed House Surgeon to the General Infirmary, Leeds.

HOLLINGS, C. EDWARD, L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer of Health for the Calverley Urban Sanitary District, Yorkshire, vice Giddings, deceased.

JACKSON, ROBERT W. H., M.B., B.Ch. Dipl. in State Med. Univ. Dub., &c., has been appointed Resident Surgeon to the City of Dublin Hospital.

JACKSON, W. FREDERICK MARSH, M.R.C.S., has been appointed Medical Officer of Health for the Smethwick Urban Sanitary District, Staffordshire, vice Sutton, deceased.

JOHNSTONE, J. J. SALCOMBE, M.D., C.M., L.R.C.S.Ed., has been appointed Medical Officer for the Second District of the Gloucester Union.

KNOX, JOHN, M.D.Aber., L.R.C.S. Ed., has been reappointed Medical Officer of Health for the Southern Division of the Bakewell Rural Sanitary District.

MACDONALD, WILLIAM, L.F.P.S.Glas., has been appointed Parochial Medical Officer for Wanlockhead, Lanarkshire.

MUNRO, A. CAMPBELL, M.R.C.P.Ed., M.B., C.M., D.Sc. Univ. Ed., has been reappointed Medical Officer of Health for the Jarrow Urban Sanitary District.

NEATE, CHARLES, M.D.St.And., M.R.C.S., L.S.A., has been appointed Medical Officer for the Banstead District of the Epsom Union, vice COX.

NORRIS, OLIVER, L.K.Q.C.P.I., has been appointed Medical Officer for the Sherburn District of the Scarborough Union.

PECK, HERBERT, L.R.C.P., L.R.C.S.Ed., has been appointed Resident Medical Officer to the Walton Workhouse, Liverpool, vice H. T. Groom, M.R.C.S., resigned.

PIGGOTT, F. C. HOLMAN, M.B.Camb., M.R.C.S., L.S.A., has been reappointed Medical Officer of Health for the Teignmouth Urban and Port Districts.

PROWSE, ARTHUR B., M.D.Lond., F.R.C.S. Eng., has been appointed Physician to the Bristol Royal Infirmary; also Dean of the Faculty to the same institution.

SEDGWICK, JAMES, M.D.St.And., M.R.C.S., L.S.A., has been reappointed Medical Officer of Health for the North Division of the Great Ouseburn Rural Sanitary District.

SMITH, W. ROBERT, M.D. Aber., M.B., C.M. Cantab., D.Sc. (Public Health) Ed., has been appointed Medical Officer of Health for St. Alban's Urban Sanitary District, vice Saunders, resigned.

SUTTON, FRANK W., L.F.P.S.Glas., has been appointed Medical Officer for the Smethwick District of the King's Norton Union.

THOMPSON, A. HIRST, L.R.C.P.Lond., M.R.C.S., has been reappointed Medical Officer of Health for the South Division of the Great Ouseburn Rural Sanitary District.

VERNON, RICHARD, M.D., C.M. Glas., L.S.A., has been reappointed Medical Officer of Health for the Audley Urban Sanitary District.

WATSON, THOMAS ALFRED, M.B., C.M. Edin., has been appointed Assistant Medical Officer to the Infirmary of the Woolwich Union.

WILLS, CHARLES, M.R.C.S., L.S.A., has been appointed Medical Officer of Health for the Newark Urban Sanitary District.

WOOD, T. OUTTERSON, M.D., F.R.C.P., F.R.C.S.Edin., M.R.C.S., has been appointed Physician to the St. George's and St. James's Dispensary, vice F. H. Hawkins, M.D., resigned.

WOTHERSPOON, T. ALLAN, M.D.Ed., L.R.C.S.Ed., has been appointed Medical Officer of Health for the Brampton Rural Sanitary District, Cumberland.

Vacancies.

In compliance with the desire of numerous subscribers, it has been decided to resume the publication under this head of brief particulars of the various Vacancies which are announced in our advertising columns. For further information regarding each vacancy reference should be made to the advertisement.

BIRKENHEAD BOROUGH HOSPITAL.—Junior House Surgeon. Salary £50 per annum, with the fees for notifying infectious cases. Board, lodging, and washing free. No wine or beer.

BIRMINGHAM GENERAL DISPENSARY.—Resident Surgeon. Salary £150 per annum, with an allowance of £30 per annum for cab hire, and furnished rooms, fire, light, and attendance.

BOSCOMBE COTTAGE HOSPITAL, Bournemouth.—Nurse-Matron.

BURTON-ON-TRENT INFIRMARY.—A thoroughly trained Staff Nurse. Salary £23, with in- and out-door uniform.

CANCER AND SKIN HOSPITAL, Liverpool.—A thoroughly trained Nurse.

CHELSEA HOSPITAL FOR WOMEN.—Dispenser.—Salary £70 per annum. Non-resident, but dinner and tea provided.

CHELSEA INFIRMARY.—Nurse. Salary £18, rising to £24 a year, with board, lodging, washing, and uniform, and allowance of £3 10s. a year (optional) in lieu of beer.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria-park, E.—Resident Clinical Assistant.

DERBYSHIRE GENERAL INFIRMARY.—Matron or Lady Superintendent Salary £80 a year for the first three years, with apartments, board, and washing.

DUMFRIES AND GALLOWAY ROYAL INFIRMARY.—Trained Nurse.

GLASGOW SICK POOR AND PRIVATE NURSING ASSOCIATION.—Thoroughly trained Hospital Nurses. Also certificated Midwives.

LEWES DISPENSARY AND INFIRMARY.—Matron. Salary £30 per annum. Furnished apartments, with 10s. 6d. per week for rations, and coal and light found.

PARISH OF PORTLETHEN, Aberdeen.—Medical Officer.

PARISH OF ST. MARY, ISLINGTON.—Analyst to the Vestry. Fixed salary £150 per annum, with fees.

ST. LUKE'S HOSPITAL.—Resident Clinical Assistant. With board and residence.

SOUTHEND VICTORIA HOSPITAL.—Nurse-Matron.

Births, Marriages, and Deaths.

BIRTHS.

HOLLAND.—On the 1st inst., at Hof Ragatz, the wife of J. F. Holland, M.D., of a son.

WEBB.—On the 27th ult., at Kingsbridge, S. Devon, the wife of William Henry Webb, L.R.C.P., of a daughter.

MARRIAGES.

DUTCH—MARSH.—On the 22nd ult., at Bayswater, Myer Dutch, M.R.C.S., L.R.C.P., to Leah Maud, eldest daughter of M. Marsh, of Sbinfield, Berks.

HAMMERSLEY—MILES.—On the 25th ult., at St. Mary's, Waterloo, Percy H. V. Hammersley, M.R.C.S., L.R.C.P., younger son of Mr. W. H. Hammersley, of Bridge House, Leek, to Annie E. Miles, only daughter of Mr. Miles, of Spring-bank, Kinross-road, Waterloo.

JONES—EVANS.—On the 21st ult., at Emmanuel Church, Everton, Liverpool, by the Rev. C. Courtenay, Vicar, Surgeon J. M. Jones, Army Medical Staff, eldest son of D. Jones, Esq., M.R.C.P., M.R.C.S., of Everton-road, Liverpool, to Kate, younger daughter of the late Captain G. O. Evans, United States Army, of Beaver Dam, Wisconsin, U.S.A.

JONES—WILLIAMS.—On the 28th ult., ar Llanberis Church, by the Rev. D. Jones, Rector, Dr. Richard Jones, M.B., C.M., of Blaenau Festiniog, to Miss Mary Walsh Williams, of Brw-Fair, Llanberis.

THORBURN—MELLAND.—On the 28th ult., at the Congregational Church, Withington, by the Rev. Principal Scott, LL.B., William Thorburn, M.D., F.R.C.S., of Manchester, to Augusta, daughter of W. E. Melland, Esq., of Moorfield, Withington, near Manchester.

TREVOR—MORPHEW.—On Feb. 28th, at Christ Church, Rawal Pindi, Punjaub, India, Henry Octavius Trevor, Army Medical Staff, son of James Trevor, of Nether Stowey, Somerset, to Alice Marion, second daughter of Augustus Morphew, Army Medical Staff.

DEATHS.

BROADHURST.—On the 24th ult., at Argyll-road, Kensington, John Broadhurst, F.R.C.S., late of Lancaster, aged 70.

BUTLER.—On the 30th ult., at his residence, 29, York-place, Brighton, Francis William Butler, M.R.C.S., L.S.A., only son of the late Capt. Robert Butler, aged 42.

FAYRER.—On the 17th ult., at Southsea, Edward Fayrer, M.R.C.S., aged 40.

PARKER.—On the 22nd ult., at Albion-place, Ramsgate, Nicholas Parker, Esq., M.D., F.R.C.P., late of the London Hospital, aged 66.

SUMMERS.—On the 3rd inst., Reginald Hamilton Summers, Student, Charing-cross Hospital, aged 21. Indian papers please copy.

N.B.—*A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.*

Medical Diary for the ensuing Week.

Monday, April 9.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10.30 A.M., and each day at the same hour.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M. and each day at the same hour.

CHELSEA HOSPITAL FOR WOMEN.—Operations, 2.30 P.M.; Thursday, 2.30.

ST. MARK'S HOSPITAL.—Operations, 2 P.M.; Tuesday, 2.30 P.M.

HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.

METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

CENTRAL LONDON OPHTHALMIC HOSPITALS.—Operations, 2 P.M., and each day in the week at the same hour.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—8 P.M. Dr. Stretch Dowse: On some Practical Points in Relation to the Physiology and Pathology of the Fifth Pair of Nerves.—Mr. George Cunningham: A Statistical Inquiry as to the Results of the Immediate Treatment of Pulpless and Abscessed Teeth.—Casual Communication by Dr. Campbell.

SOCIETY OF ARTS.—8 P.M. Mr. Richard Bannister: Milk Supply, and Butter- and Cheese-making. (Cantor Lecture.)

MEDICAL SOCIETY OF LONDON.—8.30 P.M. Dr. Ord: A case of Ulcerative Endocarditis.—Mr. Astley Bloxam: On the Treatment of Syphilis by the Intra-muscular Injection of Mercury.

Tuesday, April 10.

GUY'S HOSPITAL.—Operations, 1.30 P.M. and on Friday at the same hour. Ophthalmic Operations on Monday at 1.30 and Thursday at 2 P.M.

ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.

CANCER HOSPITAL, BROMPTON.—Operations, 2.30 P.M.; Saturday, 2.30 P.M.

WESTMINSTER HOSPITAL.—Operations, 2 P.M.

WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Consultations, Monday, 2.30 P.M. Skin Department, Monday and Thursday, 9.30 A.M.

ROYAL INSTITUTION.—3 P.M. Mr. Charles Waldstein: John Ruskin.

THE PARKES MUSEUM OF HYGIENE.—8 P.M. Mr. A. Wynter Blyth: General History, Principles, and Methods of Hygiene.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8.30 P.M. Mr. Herbert W. Page: A case of Double Nephro-lithotomy in which Lateral and Median Lithotomy had been previously performed, with Remarks on Sympathy between the Kidneys.—Sir T. Spencer Wells: Remarks on Splenectomy, with a Report of a Successful Case.

Wednesday, April 11.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour. Ophthalmic Operations, Tuesday and Thursday, 1.30 P.M. Surgical Consultations, Thursday, 1.30 P.M.

ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour.

LONDON HOSPITAL.—Operations, 2 P.M.; Thursday & Saturday, same hour.

GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Saturday, 2 P.M. Skin Department, 1.45 P.M.; Saturday, 9.15 A.M.

ROYAL FREE HOSPITAL.—Operations, 2 P.M., and on Saturday.

KING'S COLLEGE HOSPITAL.—Operations, 3 to 4 P.M.; Friday, 2 P.M.; Saturday, 1 P.M.

CHILDREN'S HOSPITAL, GREAT ORMOND-ST.—Operations, 9 A.M.; Saturday, same hour.

EPIDEMIOLOGICAL SOCIETY OF LONDON.—8 P.M. Mr. John Spear: The Danger of Specific Contamination of Water during its Distribution, illustrated by a Recent Epidemic of Enteric Fever, with certain other Points in the Etiology of that Disease.

HUNTERIAN SOCIETY.—8 P.M. Dr. Dundas Grant: On Tinnitus Aurium. Mr. De Berdt Hovell: Therapeutic Reminiscences.—Dr. A. T. Davies: A case of Paralysis.

ROYAL MICROSCOPICAL SOCIETY.—8 P.M. Dr. R. H. Ward: Fasoldt's Test Plates.

SOCIETY OF ARTS.—8 P.M. Mr. Alfred Fletcher: Recent Legislation concerning the Pollution of Air and Water.

BRITISH GYNÆCOLOGICAL SOCIETY.—8.30 P.M. Dr. Robert Bell: On Intra-uterine Medication.—Dr. Richard T. Smith: Cystic Disease of the Cervix and Endometrium. Specimens will be exhibited.

Thursday, April 12.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. Ophthalmic Operations, Friday, 1.30 P.M.

CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

ROYAL INSTITUTION.—3 P.M. Prof. Dewar: The Chemical Arts.

Friday, April 13.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

THE PARKES MUSEUM OF HYGIENE.—8 P.M. Sir Douglas Galton: Ventilation, Measurement of Cubic Space, &c.

SOCIETY OF ARTS.—8 P.M. Mr. W. R. Robinson: The Experiences of Twenty Years in Conducting Agricultural Inquiries in Southern India.

CLINICAL SOCIETY OF LONDON.—8.30 P.M. Mr. R. J. Godlee: Case of Acromegaly.—Dr. Hadden and Mr. Ballance: Case of Acromegaly.—Dr. West: Cases of Acute Periosteal Swellings in several Young Infants belonging to the same Family, perhaps Rickety in nature.—Mr. Wainwright: Case illustrating the Advantage of Early Incision and Drainage, as opposed to Excision of Joints.—Dr. Hale White: Case of Perihepatitis.

ROYAL INSTITUTION.—9 P.M. Prof. Flower: The Pigmy Races of Men.

Saturday, April 14.

MIDDLESEX HOSPITAL.—Operations, 2 P.M.

ROYAL INSTITUTION.—3 P.M. Mr. Carl Armbruster: The Later Works of Richard Wagner. (With Vocal and Instrumental Illustrations.)

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET Office, April 5th, 1888.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. Shade.	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
Mar. 30	29·25	E.	48	45	87	52	39	·08	Cloudy
,, 31	29·76	N.	41	40	76	46	39	·06	Raining
Apl. 1	29·99	N.E.	43	39	79	47	36	...	Cloudy
,, 2	29·87	N.W.	44	40	72	50	35	...	Cloudy
,, 3	29·87	N.E.	36	34	84	45	33	·05	Cloudy
,, 4	29·80	N.W.	36	35	85	43	33	...	Overcast
,, 5	30·06	N.E.	38	35	82	45	33	...	Cloudy

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editors."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news-paragraphs should be marked and addressed to the Sub-Editor.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "to the Publisher."*

We cannot undertake to return MSS. not used.

THE BALANCE OF PLEASURE AND PAIN.

E. S. G.—The doctrine is Kant's, who held (see his "Anthropologie," p. 169) that every pleasure must be preceded by pain, pain being always the first. No pleasure, he maintains, can follow immediately upon another, but between the one and the other some pain must have place. It is the slight depressions of vitality, with intervening expansions of it, which together make up a healthy condition, which we erroneously take for a continuously-felt state of well-being; whereas this condition consists only of pleasurable feelings following each other by reciprocation—that is, with continually intervening pain. Pain is the stimulus of activity, and in activity we first become conscious of life; without it an inanimate state would ensue. Kant's "Anthropologie" may be advantageously studied with Plato's Philebus, one of the noblest of the dialogues.

M.B.—Dr. McVail's book, "Vaccination Vindicated," published by Cassell and Co., price 5*s.*, is a repertory of information on the subject.

Messrs. Chapman and Son.—A specimen of the instrument may be sent for examination.

A Former Censor has omitted to enclose his card.

GOOD NEWS FOR NEEDY PRACTITIONERS!

To the Editors of THE LANCET.

SIRS,—Herewith I send you a letter for publication. In these hard times medical men will be pleased to hear of a way of earning money easily, especially when they can also receive instruction how best to deal with their patients, and that instruction given gratuitously. I may add that in this case the distance I should have to travel to see the proposed "life" barely exceeds five miles.—I am, Sirs, yours truly,

April, 1888. A COUNTRY SURGEON.

"—— —— Life Assurance Society,
"—— District Office, 22nd March, 1888.

"DEAR SIR,—A son of Mrs. L—— (formerly S——), H——, near C——, wishes to enter his mother into this Society for 6*d.* per week, assuring a sum of £15 6*s.* It is questionable if Mrs. L—— would be willing for you to examine her if she knew what it was for, as parents have sometimes peculiar ideas about their sons or daughters insuring them; but a great deal depends on the doctor. In cases of this kind a little ingenuity is all that's necessary, and the medical referees here and elsewhere invariably find a way to get it done. Perhaps you could manage it; and on hearing from you that you can, will send the necessary form and fee, which in this case is 2*s.* We have not got so far as S——; but this Society has a large connexion in most of the important towns in England, and has only recently broken ground in this part of the country. I shall be glad to hear from you at your earliest convenience, and beg to enclose stamped addressed envelope for your reply.

"I am, dear Sir, yours truly,
"—— ——, District Manager."

A COURT PHYSICIAN OF THE FIRST CENTURY.

XENOPHON, son of Heraclitus, of the island of Cos, mentioned by Tacitus, by Pliny, and in a series of inscriptions found in his native place, was body-physician (ἀρχιατρός, a title first met with in these monuments) to the Emperor Claudius, and in this capacity acquired such influence that with his medical duties he combined those of imperial cabinet secretary for Greek correspondence. He obtained for his brother and his uncle the Roman franchise and posts as officers of equestrian rank, and for himself, besides the horse of a knight and the rank of officer, the decoration of the golden chaplet and the spear on the occasion of the Emperor's triumph over Britain. He also secured for his native place exemption from taxation. His tomb stands on the island, and his compatriots, in their gratitude, erected statues to him and his family, and struck in memory of him a series of coins with his likeness. He it is who is said to have brought about the death of Claudius when deadly sick by further poisoning, and therefore, as having proved of equal service to him and to his successor, he is styled on monuments not merely, as usual, friend of the Emperor (φιλοσεβαστός), but especially friend of Claudius (φιλοκλαύδιος) and of Nero (φιλονέρων). Xenophon's brother, whom he followed in the post of imperial body-physician, drew a salary of 500,000 sesterces (£5000), but assured the Emperor that he had undertaken the duties to please him, as his city practice brought him in 100,000 sesterces more. In spite of the immense sums which the brothers had lavished on Cos, and especially on Naples, they left behind an estate of 30,000,000 sesterces (£325,000). A Court physician of the second century was the celebrated Galen, also commemorated by Mommsen in his "Römische Geschichte," vol. v., p. 337.

Mr. Tom Bates.—The Royal College of Physicians of London has no registered telegraphic address.

KREMIANSKI'S ANILINE METHOD—A PLEA FOR COMMON SENSE IN THERAPEUTICS.

To the Editors of THE LANCET.

SIRS,—I have perused with interest the case of Dr. J. Albitski's wife, as recorded by him in THE LANCET of March 24th. It must have occurred to many of your readers that not only is the expression of "the aniline method" misapplied to the form of treatment adopted in the case, but also that this treatment is vitiated by a fallacy but too common in therapeutics—i.e., that of attributing any ameliorative effects that may follow the exhibition of several powerful drugs, in combination, to one only of their number. The aniline, we are informed, was used in the proportion of "a drachm to an ounce of eucalyptus oil." Now, when it is borne in mind that eucalyptus oil is a most powerful antiseptic—according to Bucholz, three times stronger than carbolic acid—and that the amount of this powerful agent exceeded that of the aniline sevenfold, how can it be reasonably inferred that the improvement in symptoms was due to the latter drug? We might with as much reason conclude that because a man to whom one ounce of gin is given in combination with seven ounces of brandy becomes drunk, the gin is the active intoxicating principle. For the sake of our reputation as scientists, it would be well to allow the light of common sense to shine a little more on our therapeutical experiments.

I am, Sirs, yours faithfully,

Watton, March 26th, 1888. H. MALLINS, M.B.

HYDROCELE FLUID.

To the Editors of THE LANCET.

SIRS,—I take the liberty of sending you for publication an account of the qualitative estimation of the amount of cholesterine present in a specimen of hydrocele fluid.

On February 20th, 1888, a Chinaman, of about fifty years of age, came to the Military and Civil Hospital here for treatment of a large hydrocele, about the size of a cocoanut. I tapped the tumour and perceived that the fluid had a silvery appearance from the amount of cholesterine crystals present in it. Thinking this a good opportunity for estimating the total amount of cholesterine in hydrocele fluid, I carefully collected the contents of the tumour in a clean vessel and submitted them to our chief chemist, Dr. Epp, who estimated the amount of cholesterine after Hoppe-Seyler's method. The total amount of fluid was found to weigh 500·71 grammes; of this amount 143·65 grammes were treated with ether, which dissolved 0·177 grammes, or 0·124 per cent.

I remain, Sirs, yours truly,

JOHN H. SPITZLY, L.R.C.P., M.R.C.S.

Military Hospital, Surinam, March 4th, 1888.

THE CASE OF MR. H. O. BAYFIELD.

IN answer to the appeal on behalf of the above the following subscriptions have been received:—

Dr. James	£3 3 0	Dr. John Ince	£1 1 0
Dr. Williams	2 2 0	Mr. Pitts (through G.	
Hy. Whiting, Esq. ...	2 2 0	Buckston Browne, Esq.)	1 1 0
Mr. John Chiene	2 2 0	Dr. T. C. Hayes	1 1 0
Mr. Bellamy	2 2 0		

17, Wimpole-street, W. EDWARD BELLAMY, Treasurer.

THE NEW HOSPITAL AT GENOA.

THE ducal house of Galliera has laid the Ligurian capital under heavy obligations, not only by the vast improvements it has wrought on its seaport, but also by the many charitable institutions it has either initiated or assisted. Its latest benefaction is the great hospital of St. Andrew the Apostle, begun on a magnificent scale two years ago, and opened on the 14th ult. Dr. Segale, its medical head, had been travelling for years to obtain suggestions for the architecture and internal equipment of the building, and English visitors—always welcome in Italian institutions—will recognise many details in which the hospitals and infirmaries of their native land have been wisely copied. In the furniture and general appliances of the rooms iron and glass have been employed to an extent not exemplified, we believe, elsewhere—indeed, the effect of the whole is to give an impression of too great sumptuousness. Invalids on the Riviera Levante will be interested to know that the hospital contains well-ventilated, comfortable, and cheerful rooms for paying patients, where the resident physicians will co-operate amicably with those introduced at the patient's instance. The municipality of Genoa, in recognition of the Duchess of Galliera's munificence in maintaining the benevolent traditions of her house, have presented her with a beautiful medal, coined at the Roman mint, bearing on one side her portrait surrounded by the words, "Honori duc Galliersæ patriciae munificentissimae ex decr. ord. Genuensis. An. MDCCCLXXXVII." On the other side is the following inscription: "Nosocomium in Carinano Colle extructum Exempla Libertatis antiquae renovata." (In honour of the Duchess of Galliera, a patrician lady of the largest munificence, by decree of the Genoa Town Council, 1887; and the Hospital erected on Mount Carignano: the exemplars of ancient liberty have been revived.)

Anti-humbug.—No, unless permission has been obtained from the War Office to retain rank and uniform after retirement.

"HARD TIMES IN THE PROFESSION."

To the Editors of THE LANCET.

SIRS,—Having read the correspondence on low fees in your late issues, may I trespass on your valuable space by giving my experience of the system.

Your correspondent, signing himself "Quercus," says that the doctors charging low fees are both "cheap and nasty." I do not deny that they are cheap, but I do most emphatically that they are as a body "nasty." There is a class of the public which would be hard to supply (with justice to either side) with the necessary medical attendance but for the so-called "Sixpenny Doctors." The class I refer to are those who, having only limited means, would be unable to call in a doctor charging 2*s*. 6*d*. per visit, and who are still above seeking charitable aid. But for the low fee doctors these people would have only two courses open to them—viz., either to call in the "Two-and-sixpenny Doctor," and ruin themselves in endeavouring to pay him, or apply to the already much-abused charitable institutions for medical aid.

I have found these gentlemen, who run us down so much and talk of medical etiquette, more deficient in the most vital points of the latter than the "cheap and nasty" members of the profession. To quote a case. A woman who engaged me for her confinement had to get some medicine for her husband from his club doctor, one of the above gentlemen. She mentioned the fact to him; and sooner than let me benefit by the transaction he offered his services for nothing. I may say I t eated this doctor, in any case I came in contact with him, with the greatest courtesy; but his medical etiquette showed itself always in a manner similar to the foregoing. Many of his club patients, as well as those of several others, come to my surgery for medicine rather than go to him, or those of his standing. The medicine I use with my patients is as good, if not better, than that used by the "Quercus" class with their private patients. I can give the very best for the fees charged, and with a fair profit. If we raised our fees, as "Quercus" evidently wishes us to do, we would, without doubt, be ruined. How many of us then would the "Quercus" branch of the profession employ as assistants, and pay us something more than the coachman's salaries which many of them are only giving at present? As long as the class between paupers and comfortably off exists, so long the "Sixpenny Doctors" should and will exist.

I am, Sirs, yours faithfully,

April 4th, 1888. SIXPENCE.

To the Editors of THE LANCET.

SIRS,—Your correspondent, "Quercus," has done well to attract once more the notice of the profession to cheap dispensaries. Doubtless there are many who could speak feelingly on this subject, but unfortunately in the present day these places seem to be so firmly rooted and so much on the increase that regular practitioners are wont to tolerate them as a kind of parasite that must be borne. Through them practices have been ruined, and promising careers cut short. Yet they are permitted to flourish to our detriment, to dog our footsteps, and checkmate our best efforts, besides having the bad effect of lowering in the estimation of the public a profession which is said to be "honourable." Ought such things to be allowed to prosper when their very prosperity depends upon transgression? For the opening ceremony consists in distributing broadcast thousands of circulars down areas, under street-doors, through letter-boxes—in fact, anywhere and everywhere—setting forth the advantages of the "Institution." Again, the services of unqualified men are freely made use of, and many dispensaries are owned by them. I have known instances in which they have advertised for qualified assistants to sign their certificates with the worn-out excuse, "reading for my final." Without doubt there is a class composed of respectable people who are neither hospital nor union patients, but who are unable to pay usual doctors' fees. Hence it would appear that the Metropolitan Provident Dispensary (when adapted to the requirements of the times) is well calculated to supply their need, and at the same time to limit the operations of those "experienced physicians and surgeons" who ply for the nimble sixpence.

I am, Sirs, yours truly,

March 29th, 1888. G. P.

UNQUALIFIED ASSISTANTS.

To the Editors of THE LANCET.

SIRS,—Your correspondent "Fides" asked in your columns last week what was to become of the unfortunate unqualified assistants, in view of the recent memorandum of the Medical Council. It will occur to most persons that one of three courses is open to him. To seek some other means of earning a livelihood; to make an effort to obtain a qualification; or, lastly, to confine himself to purely surgery work—viz., dispensing and book-keeping, with only occasional consulting, visiting, and attendance on ordinary midwifery; and where the Poor-law appointment or medical officership of health is attached to a practice, the clerical labour entailed might well be taken off the hands of the principal. If unqualified assistants had never done more than has been thus briefly sketched, there would have been no necessity for the Medical Council to have issued its memorandum. But instead of this one is constantly hearing of their performing obstetric operations, using forceps, turning, and even performing craniotomy, of their visiting patients day after day, only telling their principal of the state of the case when it is necessary he should be "in at the death"; and of their being left in sole charge of a practice for days and even weeks together. Has it never occurred, moreover, to these unqualified gentlemen that a great injustice is done to those qualified assistants who may happen to be living in the same town with them? The general public have no means of ascertaining whether an assistant is qualified or not; indeed, one section of the laity appear to think that all are unqualified, another that by law all must be qualified; in either case an injustice is done to those on the Register. The argument as to the relative capabilities of qualified and unqualified is quite beside the question, for, carried to its logical conclusion, the latter should be allowed to practise as principals.

I am, Sirs, yours faithfully,

April 2nd, 1888. JUSTITIA.

To the Editors of THE LANCET.

SIRS,—Now that the question of unqualified assistants is before the General Medical Council, I trust you will use your powerful influence to obtain some legal recognition for the primary examinations, so that men who, like myself, are compelled to act as assistants between the passing of their primary and final, may not be driven from the profession, as the enforcing of this latest edict will certainly do in a large number of cases. As "Fides" says, by all means do away with the unqualified assistants—that is, men who have never seen the inside of a hospital, but give the men who has spent two or three years—and perhaps as many hundred pounds—in the pursuit of his profession some return for his time and money. Now that surgery is tacked on, matters are not made more easy. Could not the Assistants' Examination of the Apothecaries' Society be so modified as to embrace minor medicine, surgery, and midwifery? How many unqualified men attend labour cases under the cover of their hospital?

I am, Sirs, yours faithfully,

March 31st, 1888. SPES.

To the Editors of THE LANCET.

SIRS,—The Medical Council having put their veto on unqualified assistants, may I ask them the following query? What is a medical student to do who has unfortunately, after attending his full curriculum at the hospital, failed to pass his examination and is referred back to his studies for a few months? It is not in every student's power to still remain at the hospital after the due completion of his studies; and if he is not allowed to act as an assistant until he can pass his examination, all his expensive education and training has been thrown away. I think, certainly, that some distinction ought to be made between those (practically) qualified assistants and those unqualified assistants who have never attended a school of medicine.—Yours faithfully,

April, 1888. PUZZLED.

Kentigern.—1. Not any systematic work of the first importance on skin diseases has originated in France during recent years, with the exception perhaps of Hillairet's uncompleted treatise. Hardy, however, has lately published a large manual. The best reference books are the large French dictionaries and the treatises of Bazin and Hardy. There are also important annotated French editions of Hebra and Kaposi's works.—2. The parasitic theory of psoriasis originated with Lang of Innsbruck. Reference may be made to Annales de Dermatologie et de Syphilographie, 2me sér., tome i., p. 336; tome iv., p. 197; tome v., p. 697; tome vi., p. 305; and No. 208 of Volkmann's Clinical Record. This theory has met with little acceptance.

Licentiate.—Parkes' Hygiene, Ganot's Physics, Baldwin Latham's Sanitary Engineering, and the Public Health Acts.

BEST COPY AVAILABLE

ENGLISH MEDICAL PRACTICE IN SWITZERLAND.

A CORRESPONDENT informs us that the Swiss authorities have forbidden the practice of an English doctor at Les Avants. A similar step, our readers are aware, has been taken with respect to English medical practice in the Engadine.

J. F. B.—The Brussels degree is available for our correspondent.

UMBILICAL HÆMORRHAGE.

To the Editors of THE LANCET.

SIRS,—Dr. Gilroy will find in the "Year Book of Treatment" for 1884 a summary of the literature of umbilical hæmorrhage, from the pen of Mr. Edmund Owen. Also in Mr. Owen's valuable "Surgical Diseases of Children" the subject is dealt with. Hæmorrhage from the umbilicus only is here alluded to, not hæmorrhage from the umbilical cord, and therefore this applies merely to the second, and by far the more important, case of the two reported by Dr. Gilroy. An inquiry into the family history of Dr. Gilroy's patient may throw light on the origin of the bleeding, and perhaps elicit the existence of hereditary hæmophilia.

I am, Sirs, yours obediently,

Broadstairs, March 30th, 1888. THOS. F. RAVEN.

THE APOTHECARIES' HALL EXAMINATIONS.

To the Editors of THE LANCET.

SIRS,—Does not the Apothecaries' Hall err a little on the side of severity in some portion of its examinations? Over-zeal to enhance the value of its licence should not lead to injustice. The questions in surgical anatomy and in general pathology respectively are two in each paper, and two only, and, as if this was not sufficiently stringent, the candidate is allowed to choose one only. The questions are sometimes honours questions, such as the University of London would give in honours, and yet the candidate must answer only one, so that his chance is a very weak one.—I am, Sirs, your obedient servant,

March 29th, 1888. OPIFERQUE PER ORBEM DICOR.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Thomas, Sheffield; Dr. Dickinson, London; Dr. G. Johnson, London; Dr. A. Robertson, Glasgow; Sir Thos. Longmore, Netley; Messrs. Green and Co., London; Dr. A. B. Johnson, New York; Dr. Alfred Carpenter; Dr. Campbell Black, Glasgow; Dr. Hyde, Buxton; Messrs. May and Baker, London; Dr. Morgan, Clifton; Mr. C. W. Robinson, North Shields; Dr. Allen, Belper; Dr. Syers, London; Messrs. Macmillan and Co., London; Mr. Curtis, Cork; Dr. A. Drysdale; Mr. Bilton Pollard, London; Mr. C. L. Henderson, Hawick; Messrs. Hall and Co., London; Mr. W. Jones, Swinton; Dr. Blake, Paris; Mr. Pugin Thornton, Canterbury; Mrs. Hitch, St. Leonards; Mr. Wells, Barnard Castle; Dr. Conder, Guildford; Dr. Haslam, London; Messrs. Clark and Harsant, Clifton; Mr. S. Snell, Sheffield; Messrs. Bemrose and Son, Derby; Mr. F. Page, Newcastle-on-Tyne; Messrs. Oliver and Boyd, Edinburgh; Dr. Whitelegge, Nottingham; Messrs. Longman and Co., London; Mr. Strauss-Collin, London; Messrs. Chapman and Son, London; Mr. Spitzly, Surinam; Dr. Collis, London; Dr. Forbes Winslow, London; Surgeon-Major Murray, Calcutta; Messrs. Throne and Co., Leeds; Dr. Haughton, Norwood; Mr. Gourley; Dr. Norman Kerr, London; Dr. Playfair, London; Mr. E. Bellamy; Mr. Julius Cæsar, Tivoli; Mr. T. Edwardes, Llansaintffraid; Messrs. Hopkinson and Co., Notts; Mr. H. J. Jenkinson, Keswick; Messrs. Maconochie Bros., Lowestoft; Mr. Arnold, Nagasaki; Mr. Lynn, London; Mr. F. Palmer, London; Mr. W. Curran, London; Mr. R. St. G. Queely, Palmer, Queensland; Mr. Diggens, Lancaster; Mr. G. A. Wright, Manchester; Mr. Faulerton, Landon; Mr. Furley, Ashford; Mr. Padley, Swansea; Mr. M. Moullin, London; Dr. H. Blanc, Cannes; Dr. H. Tibbits, London; Mr. De B. Hovell, London; Mr. J. Poland, London; Dr. F. C. Turner, London; Dr. Dakin, London; Mr. Hunt, Bembridge; Mr. R. Davy, London; Mr. Jessett, London; Mr. Fogarty, London; Mr. Eason, Aberdeen; Mr. Thomas, London; Mr. Maxwell, Lasswade; Mr. Woods, London; Dr. Miller, Glasgow; Mr. Taylor, Ireland; Mr. McGowan, Clapham; Dr. Davies, Dorset; Mr. Roberts, Oswestry; Mr. Hosker, Boscombe; Mr. Brooks, Berks; Dr. Thomas, Glasgow; Mr. Pearson, Stockton; Mr. Davies, Mon.; Mr. Griffiths, Bristol; Mr. Foster, Bournemouth; Mr. Twyford, Hanley; Dr. Bayle, London; Dr. Buchanan, Glasgow; Mr. Cook; Mr. Birchall, Liverpool; Mr. Blumer, Sunderland; Mr. Skinner, Tenterden; Mr. T. P. Raven, Broadstairs; M.A., Cambridge; A. B., London; Birkenhead Borough Hospital; Middlesex, London; Sixpence; The Yorkshire College, Leeds; A Former Censor; Aberdeen Journal, Aberdeen; Ignoramus; J. F. B.; Spectator; Vatican; Opiferque per Orbem dicor; Justitia; M.R.C.S. Eng.; A General Practitioner; Odium Medicum; Spes; Chirurgien, Manchester; X. X., London; A Country Surgeon; Deaconess Elsie; X. Y. Z., London; Sells, London.

LETTERS, *each with enclosure*, are also acknowledged from—Dr. Clark, Sheffield; Mr. Dawson, Bath; Dr. Mackay, Durham; Messrs. Pope and Son, Brighton; Mr. Thompson, Atherstone; Messrs. Reynolds and Branson, Leeds; Mr. Blackstone, Yorks; Mr. Cuthbertson, Rhondda Valley; Mr. Christie, Jarrow; Mr. Haberfield; Mr. Roberts, Rhondda Valley; Mr. Thompson, Salop; Mr. Christmas, London; Miss Hunt, Dublin; Mr. Coombs, Southport; Mr. Park, Greenock; Major Foster, Bournemouth; Mr. Maguire; Mr. Fiske, Tunbridge; Mr. Stenhouse, Glasgow; Dr. Stretton, Kidderminster; Dr. Taylor; Dr. Reid, Bridport; Mr. Jones, Anglesea; Dr. Buckley, Bulwell; Dr. Thompson, Tasmania; Dr. Stretton, Swindon; Mr. Leitch, Glasgow; Mr. Hughes, Pwllheli; Mr. Edwards, Welshpool; Mr. Bottomley, Ashton-under-Lyne; Mr. Jones, Kent; Mr. Pickering, London; Messrs. Thomson and Son, Luton; Mr. Heywood, Manchester; Messrs. Maclachlan and Co., Edinburgh; Mr. Wallis, Cornwall; Mr. Evans, South Wales; Dr. Adams, London; Dr. Popham, Salop; Messrs. Porteous and Co., Glasgow; Dr. Crichton, Newmilns; Mr. Wheeler, Manchester; Oliver, Stockton; Suburb, London; Medicus, Lancashire; Anatomy, London; M.R.C.S., York; Beta, London; The Dewsbury and District General Infirmary; Statim, Huddersfield; Sheffield Public Hospital; J. J. I., Lancashire; Matron, Burton-on-Trent; The Central Medical Association, Manchester; A. B. Cirencester; C. H., Guildford; Z., St. John's; J. M. G., Bedford; B., London; Pronoia, London; J. W. D., London; H. R. H. W. B. H., London; X. Y. Z., London; D., London; Medicus, London; Alpha, London; W. W., London; M.R.C.S., London; Scotia, London; Z. A., London; N.W., Leamington; Surgeon, Manchester; A. S. A., London; Secretary, Marylebone-road; W. B. K., London; Nurse, Exeter; Physician, Darlington; Cork. Henley; B. E., Sheffield; J. M. J., London; M.D., London; M. K., London; T. H., Edinburgh; E. F., London; Country Surgeon, London; J. G. H., Leeds; T. T. W., Scarboro'; P. W. S.

Reading Mercury, Aberdeen Herald, Advocate of India, Keble's Margate and Ramsgate Gazette, Windsor and Eton Express, City Press, Morley Observer, Yarmouth Gazette, The Journal (Carmarthen), Birmingham Daily Post, Surrey Advertiser, Croydon Advertiser, Yarmouth Independent, &c., have been received.

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Agent for the Advertising Department in France—J. ASTIER, 68, Rue Caumartin, Paris.

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